Government of Saskatchewan

Annual Report 1982-83

Saskatchewan Medical Care Insurance Commission

Saskatchewan Medical Care Insurance Commission

T. C. Douglas Building
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Annual Report For the Year Ending March 31, 1983

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Minister of Health

Regina, June, 1983

To the Honourable C. Irwin McIntosh,
Lieutenant Governor of Saskatchewan.

May It Please Your Honour:

I beg to present herewith, for your consideration, the annual report of the Saskatchewan Medical Care Insurance Commission for the year ended March 31, 1983.

Respectfully submitted,

Graham Taylor

Graham Taylor,
Minister of Health.

Saskatchewan Medical Care Insurance Commission

Regina, June, 1983

To The Honourable Graham Taylor,
Minister of Health.

Sir:

I am pleased to present herewith the annual report of the Saskatchewan Medical Care Insurance Commission for the year ended March 31, 1983.

Respectfully submitted,

Paul H. Good, M.D.,
Chairman.

Members of the Commission

March 1983

Dr. P. H. Good
Chairman
Regina

Dr. C. J. Wright
Vice-Chairman
Saskatoon
1st Term of Office
ends March 23, 1985

Mrs. J. Alexander
Regina
1st Term of Office
ends August 31, 1984

Ms. P. Blacklock Linn
Saskatoon
1st Term of Office
ends Oct. 28, 1985

Dr. L. Brand
Saskatoon
1st Term of Office
ends Oct. 28, 1985

Mr. V. Bucsis
Melville
1st Term of Office
ends Oct. 28, 1985

Dr. M. M. Fraser
Regina
1st Term of Office
ends Oct. 28, 1985

Mr. K. J. Fyke
Regina
Deputy Minister
of Health

Mr. L. Prosser
Saskatoon
1st Term of Office
ends Oct. 28, 1985

Dr. H. G. Smith
Maple Creek
2nd Term of Office
ends June 29, 1984

Dr. A. Strudwick
Fort Qu'Appelle
1st Term of Office
ends Oct. 28, 1985

Executive Director

Mr. G. C. Patchett
Regina

Associate Executive Director

Mr. G. F. Peters
Regina

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The Plan in Brief

		Page
Comprehensive	Most services by physicians, refractions by optometrists and visit and x-ray services by chiropractors are insured for all eligible residents.	11
Commission Administered	The Commission is appointed by the Government, three commissioners are practising physicians.	8
Simple Eligibility Requirements	New residents of the Province are required to register and are provided with benefits from the first day of the third month following the date they establish residence in the Province.	11
No Restrictions Due to Pre-existing Conditions	No matter what previous health problems existed a beneficiary is entitled to all insured services.	—
Free Choice by Patient	A beneficiary may select any physician, optometrist or chiropractor desired.	—
Provider of Service has Free Choice	The Plan does not prevent a physician, optometrist or chiropractor from accepting or declining any patient.	—
Coverage Anywhere in the World without prior Approval of the Plan	Payment is generally made at Saskatchewan rates.	14
Immediate Coverage for Certain Special Residents	Certain special residents qualify for coverage immediately on arrival in Saskatchewan.	11
Authorized Extra Charges	A beneficiary may have to pay the difference between the specialist referred and unreferred rate when not referred for specialist treatment received.	13
Physician has Several Choices of Billing	A physician may bill the Plan directly; bill through an approved agency; or bill the patient who may send the account to the Plan.	13
Financial Support of Plan	The Plan is supported by general revenues to which contributions are made to the Province under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.	11

1982-83 Highlights

	Page
Benefits paid for insured services totalled $148.3 million, 21.4% more than the $122.2 million in 1981-82.	25
Nearly seven million claims were processed. In a single stack, these claims would be three-quarters of a mile high.	26
Close to a million persons are covered by the plan. Eighty-five per cent of insured persons received at least one service.	28
The average amount of benefits paid was $148.55 per person and $490.00 for the average size family.	31
There was one physician actively practising for every 900 persons. In the previous year there was one physician for every 1,000 persons.	39
Benefit payments resulted in an average of $123,300 being paid to each actively participating physician. The costs of office practice have to be paid from that amount.	44
Direct billing of patients by physicians in the province occurred in 3% of all claims. The benefit payment was accepted as payment in full for 97% of claims.	—
Administration of the plan including staff, office space, furniture, computer time and claims processing, cost 4.2% of total program cost. For every dollar allocated to the program almost 96 cents was paid in benefits.	25
There were 2,564 Caesarean births, an increase in the rate per 1,000 female beneficiaries of 13.4%.	36
Special calls and emergency visits billed totalled 439,500.	30
A total of 2,441,300 laboratory services were billed. This does not include services provided by provincial laboratories nor those in hospitals.	30

The Saskatchewan Medical Care Insurance Plan

Introduction

The Medical Care Insurance Plan, inaugurated on July 1, 1962 under The Saskatchewan Medical Care Insurance Act 1961, provides insurance coverage to Saskatchewan residents for a wide range of services provided by physicians; services by chiropractors and optometrists.

The Plan is financed through the Medical Care Insurance Fund. The fund is supported by an appropriation made by the Legislature from the Consolidated Fund to which contributions are made by the Federal Government under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.

Newcomers to the Province are generally eligible for benefits from the first day of the third month following the date they establish residence in the Province. Eligibility is solely dependent upon registration. All beneficiaries under the Plan receive the same coverage regardless of age or state of health.

The Commission

The Medical Care Insurance Plan is administered by a Commission consisting of not less than seven nor more than eleven members responsible to the Minister of Health. In 1982-83 there were eleven members. Two physician members are nominated by the Saskatchewan Medical Association. Another physician member is nominated by the Dean of Medicine, University of Saskatchewan. Each commissioner is appointed for a three-year term of office and may be reappointed, but cannot serve more than two terms consecutively.

Dr. P. H. Good is Chairman of the Commission.

Responsibilities of the Commission and Government

The general responsibilities of the Commission are stated in the Act to be the establishment and administration of a plan of medical care insurance for the residents of the Province. Regulatory powers are assigned in the Act to both the Lieutenant Governor in Council and the Commission, with responsibilities generally divided as follows:

(a) Lieutenant Governor in Council (Cabinet):

1. All matters concerning basic fiscal and related policies — e.g. financing of the Plan.
2. All matters affecting the coverage of the Plan — e.g. services to be insured, beneficiaries to be covered.

The Lieutenant Governor in Council may not make any regulations substantially affecting the operation of the Plan without first consulting the Commission.

(b) Commission:

1. All matters governing arrangements to pay for insured services.
2. All matters governing rates of payment to providers of service, methods of payment, and assessment of accounts.

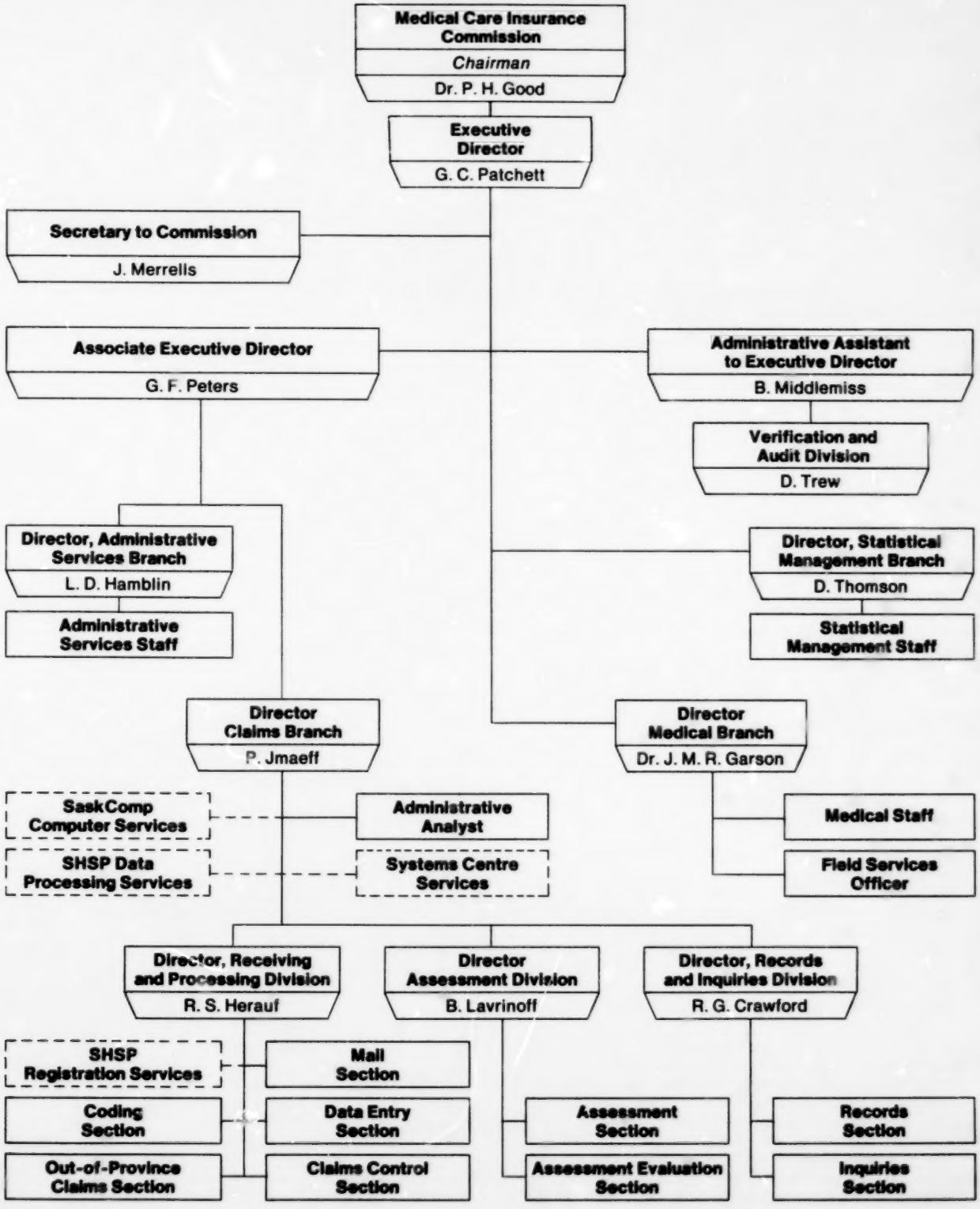
Before making any regulations altering the general rates of payment for insured physician services, the Commission is required to consult the Board of Directors of the Saskatchewan Medical Association.

Administrative Organization

Executive Branch

The Executive Director, Mr. G. C. Patchett is responsible to the Commission for the overall administration of the Plan. Mr. B. Middlemiss, Administrative Assistant provides assistance to the Executive Director in relation to a wide range of administrative matters. The Associate Executive Director, Mr. G. F. Peters is responsible for the administrative service support and claims processing functions. The Commission Secretary carries out secretarial duties for the Commission and Chairman. The Verification and Audit Division under the direction of Mr. D. Trew is responsible for the claims verification and audit program.

Organization of the Saskatchewan Medical Care Insurance Commission



Dotted lines indicate contractual arrangements with these agencies

March 1983

Claims Branch

This branch, under the direction of Mr. P. Jmaeff, is responsible for the processing of claims. The total staff numbering 124 is divided into three divisions referred to below. The Director of Claims co-ordinates the Commission requirements in relation to the contractual services supplied by the Saskatchewan Computer Utility Corporation, the Provincial Government Systems Centre and the Saskatchewan Hospital Services Plan.

The Claims Branch Administrative Analyst, Mr. D. Bartel undertakes studies on a continuing basis, directed toward the development of improved administrative practices and the maintenance of a high level of efficiency in systems procedures.

Receiving and Processing Division

Mr. R. S. Herauf with a staff of 76 is responsible for receiving, screening and coding incoming claims, totalling nearly seven million in 1982-83. This division transfers information on the claims to magnetic tape to enable computer processing of accounts. The division is also responsible for correcting or returning claims which have been rejected by the computer because of incorrect patient identity particulars.

Assessment Division

The Assessment Division, headed by Mr. B. Lavrinoff, has a staff of 27. The division is responsible for the manual assessment of all accounts which cannot be processed by the computer; and participates in the development of assessment policies and evaluation of computer assessment rules. The division also provides a liaison service with practitioners with regard to the general assessment of claims, assessment rules, explanatory codes and payment agreements.

Records and Inquiries Division

Under the direction of Mr. R. G. Crawford, a staff of 18 in the division manages the storage and retrieval of all claims and payment records. Another of the division's main functions is responding to inquiries from the public and providers of services regarding the Plan's benefits and payment of claims.

Computer Services

Routine assessment and approval of accounts for payment is performed by computer under a contractual arrangement with the Saskatchewan Computer Utility Corporation. A computer check of each claim is made against stored information to determine whether it may be approved. Claims which fail the computer check are referred to either the Assessment Division or the Receiving and Processing Division for follow-up action.

Maintenance of computer programs is carried out under a contractual arrangement with the Systems Centre by its analysts under the supervision of Mr. C. McConnell.

Registration

Registration of beneficiaries is carried out by the Saskatchewan Hospital Services Plan which is reimbursed by the Commission for such services performed on its behalf.

Medical Branch

This branch with a total staff of 5 is headed by Dr. J. M. R. Garson, Medical Director. The Medical Branch also includes Dr. K. R. Visvanathan, Medical Officer, and Ms. Barbara Eisworth, Field Services Officer.

The medical staff provides advice and consultative services in relation to the supervision of claims assessment and coding policies, assessment of accounts referred by the Assessment Division, and participates in studies which involve medical and clinical considerations.

The Field Services Officer makes visits throughout the Province to physicians who have payment agreements with the Commission and to other physicians upon request and provides a personal link whereby any problems associated with the handling of accounts may be relayed to the Commission.

Administrative Services Branch

The Administrative Services Branch has a staff of 10 under the direction of Mr. L. D. Hamblin. The Branch provides a number of central services for the Commission in the fields of personnel, accounting, budgeting, purchasing and supplies.

Statistical Management and Evaluation Branch

The Director of the Branch, Mr. D. Thomson, with the Assistant Director and staff, undertakes numerous statistical studies which form an essential element of the management process and provide an insight into trends in the utilization of services and their associated costs.

Studies are based on data available from the Commission's operation and from an information interchange with other organizations in the health field.

Statistical information is made available to the Colleges and Associations of the various health practitioners.

Medical Care Insurance Fund

All payments by the Plan are made from the Saskatchewan Medical Care Insurance Fund. The fiscal year for reporting covers the period April 1 to March 31. Transactions are recorded on a cash rather than an accrual basis. Thus, the payments and receipts reported in the financial statements are those actually paid or received from April 1 to March 31.

Source of Funds

Funds for covering the cost of operating the Medical Care Insurance Plan are obtained from the general revenues of the Province, which are appropriated by the Legislature on an April to March fiscal year basis.

Effective April 1, 1977 the cost sharing arrangement which existed under the terms of the Federal Medical Care Act was discontinued. That arrangement was replaced by funds being made available to the province through the federal government's Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977, by means of: (a) a transfer of income tax points; (b) a cash contribution.

Eligibility for Benefits

Eligibility for benefits for residents is solely dependent upon registration. No premiums are levied.

Unmarried dependants under the age of 18 should be registered on the family Health Services Card. Persons 18 years of age are issued a separate Health Services Card at the start of the month following that in which they reach 18 years of age.

Newcomers to Saskatchewan are required to register unless they are covered under other provincial or federal programs.

Except for "Special Residents" new residents of Saskatchewan are provided with benefits from the first day of the third month following the date they establish residence in the Province.

Special Residents

The term "special resident" includes:

1. A landed immigrant,
2. A discharged member of the Canadian Forces,
3. Returning spouse of a member of the Canadian Forces,
4. A returning Canadian citizen,
5. A returning resident,
6. Certain persons in Canada in connection with their trade or profession who hold a Canadian Immigration Employment Authorization.

Special residents who establish residence in Saskatchewan on or before the first day of the [illegible] calendar month after their arrival in Canada receive coverage from the date they established residence in Saskatchewan.

Excluded Residents

The following residents are entitled to receive medical care under Federal programs and are excluded from Commission coverage:

1. Members of the Canadian Forces,
2. Royal Canadian Mounted Police,
3. Inmates of Federal Penitentiaries.

However, their spouses and dependants resident in Saskatchewan are eligible for coverage.

Beneficiaries Leaving the Province

1. Establishing residence outside the Province.

Beneficiaries leaving the Province are eligible under the Plan for the rest of the month in which they take up new residence outside Saskatchewan plus the following two complete months.

2. Temporarily absent from the Province.

Permanent residents remain insured during their absence provided they spend a minimum of four months each year in the Province. In certain circumstances, residents remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. Persons who enter into employment contracts for work outside of Canada not exceeding 24 months may be eligible for benefits for the entire period of employment. Saskatchewan students who leave the Province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon the completion of their studies are eligible for benefits for the duration of the studies outside of Saskatchewan.

Insured Services and Exclusions

Insured Services

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services. The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services. Surgical procedures, by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Insured Services — (Continued)

Maternity Services. Care during pregnancy and delivery, and after care of the mother and child by a physician.

Anaesthesia. The administration of anaesthetics by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- dental anaesthesia in hospital;
- dental anaesthesia out of hospital when rendered by a physician who is a specialist in anaesthesia.

Diagnostic Services — In Hospital

- diagnostic services other than x-ray or laboratory services or services involving a tracing.

Diagnostic Services — Out of Hospital

- x-ray services, including interpretations, provided by a specialist in radiology;
- laboratory services, including interpretations, provided by a specialist in pathology;
- an approved list of laboratory services provided by a physician other than a pathologist;
- other diagnostic services provided by a physician.

Preventive Medical Services. Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of marriage, insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Refractions. Eye examinations to determine refractive error. (Frequency of examinations under Optometric Services below also applies.)

Optometric Services

Refractions. Eye examinations to determine refractive error. Unless special medical factors are present, the frequency of examinations is limited to one in any 12-month period for all ages.

Dental Services

(a) Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

(b) Certain services in connection with abnormalities of the mouth and surrounding structures.

(c) Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

(d) Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

(e) Extraction of teeth medically required for the provision of:
- heart surgery;
- services for chronic renal disease; or
- services for total joint replacement by prosthesis;

where the beneficiary was referred to a dentist by a specialist in the surgical field and where prior approval of the Commission is received.

Chiropractic Services

Chiropractic visit and x-ray services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the Province.

Exclusions

The following services are not insured:

Health services received under other public programs including: Saskatchewan Hospital Services Plan, The Workers' Compensation Act, The Mental Health Act.

Diagnosis and treatment of cancer. All services for the diagnosis and treatment of cancer, except for certain diagnostic services provided by a physician prior to referral to a Cancer Clinic. Diagnostic and treatment services for cancer are provided under The Cancer Foundation Act to residents registered with a Saskatchewan Cancer Clinic.

The following physician services are excluded:
- travelling;
- advice by telephone;
- surgery for cosmetic purposes;
- any mental or physical examination for the purpose of marriage, employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party.

The following additional services are excluded:
- ambulance services and other forms of transportation of patients;
- services provided by special duty nurses;
- services provided by physiotherapists; physiotherapy services for hospital outpatients are covered under the Saskatchewan Hospital Services Plan;
- services provided by chiropodists, podiatrists, naturopaths or osteopaths;
- dentistry, except as described under Insured Services — Dental Services;
- drugs;
- appliances (e.g. eye glasses, artificial limbs).

Methods of Payment

Fee-For-Service Payment

The Medical Care Insurance Commission makes fee-for-service payment by the following three methods:

Direct Payment to Practitioner — The practitioner may submit the account directly to the Commission, which makes payment to the practitioner. Under this method of payment the practitioner agrees to accept the Commission payment as payment in full except for certain authorized charges. (See under Rates of Payment).

Payment through Approved Health Agency — If beneficiary and physician are members of the same approved health agency (Group Medical Services or Medical Services Incorporated) the physician submits the account to the agency. The Commission makes payment to the agency which in turn makes payment to the physician. Under this method of payment the physician agrees to accept the payment as payment in full except for certain authorized charges. (See under Rates of Payment).

Payment to Patient — Where neither of the above methods apply the practitioner must provide an itemized account in order for the patient to obtain payment from the Commission. The patient can send the account to the Commission or the practitioner can send it for the patient. The practitioner must provide the itemized account before asking for, demanding or accepting payment from the patient for the service. The Commission makes payment to the patient who is responsible for paying the practitioner's account. Under this method the amount charged by the practitioner may be different from the payment made by the Commission.

Contract Payment

As an alternative to fee-for-service payment the Commission may make arrangements with a practitioner or a group of practitioners for payment on a contractual basis. An agreement is entered into with the Commission prior to services being provided whereby the practitioner is paid a sessional rate plus expenses for travel and sustenance. The practitioner agrees to report the services provided.

Private Agreement

A practitioner may advise a patient that he wishes to treat him on an entirely private basis. If the patient agrees, the practitioner is not required to provide the patient with an itemized statement of services and the Commission is not responsible for payment. Settlement of the account is a private matter between the practitioner and patient.

Payment Under Global System

A global system of payment has been employed since 1972 for services provided at community clinics. In 1982-83 community clinics were in operation at Regina, Saskatoon, Prince Albert and Wynyard. Among elements involved in the annual budget's determination are the total number of patients treated, the number of services performed and the number of practitioners in the clinic. Payments on the basis of the budget are made to the Community Health Associations who are responsible for the clinics. The Commission contributed towards payments made to the Health Associations by the Saskatchewan Hospital Services Plan, the agency handling this type of budget operation.

Rates of Payment for Insured Services

Physician Services

Payment for physician services is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. Changes to the Payment Schedule involving revisions to service items, benefit rate increases and assessment rule amendments are made progressively throughout the year, following monthly meetings held between representatives of the Commission and the Saskatchewan Medical Association.

Specialist Services

Except for surgical and certain other special procedures, payment for specialist services is based on the unreferred rate when the beneficiary is not referred to the specialist. The physician may then charge the beneficiary the difference between the specialist referred and unreferred rate.

Optometric Services

Payment for eye examinations to determine refractive error when provided by optometrists is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Saskatchewan Optometric Association and the Commission.

Chiropractic Services

Payment for chiropractic visit and x-ray services is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Chiropractors' Association of Saskatchewan and the Commission.

Out-of-Province Services

Payment is normally limited to the amount payable in Saskatchewan. The cost of medical services in other North American communities is sometimes considerably higher than in Saskatchewan. The beneficiary is responsible for payment of the difference between the full amount charged and the amount payable by the Plan.

If a beneficiary requires services not available in Saskatchewan, the service may be eligible for special out-of-province coverage where a specialist physician in the Province notifies the Commission prior to the service being provided, and the Commission agrees that the required service is not available in Saskatchewan. Payment may be made at one of the following rates:

(a) the rate payable in the province in Canada where the service is provided;

(b) at the Saskatchewan rate where the service is available in Canada but the beneficiary chooses to have the service provided outside Canada;

(c) at a fair and reasonable fee charged in a place outside Canada if the service is not available in Canada.

Beneficiaries who travel outside Saskatchewan, particularly outside Canada, are strongly advised to take out additional insurance as a safeguard against the high cost of medical and hospital care in some areas.

Professional Review of Services

The Joint Professional Review Committee consisting of two representatives from each of the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Medical Association and the Medical Care Insurance Commission was established in the early part of 1979. The Committee studies the billing and practice patterns of physicians in the Province and makes recommendations to the College, the Association or the Commission. Some of the aspects of the recommendations of the Committee involve questionable billing or recurring errors in billing by a physician, medical practices having unusually high volumes of services or indications of a high rate of disagreement between beneficiaries receiving insured services and the physician providing the services, as illustrated by the Commission's verification program. As a consequence of the recommendations, the College may take disciplinary action against a physician or the Commission may take monetary action. During 1982-83 the Committee reviewed the patterns of billing of sixty-six physicians. Nine meetings of the Joint Professional Review Committee were held in that year.

The Joint Optometric Professional Review Committee consisting of three representatives from the Saskatchewan Optometric Association and two representatives from the Medical Care Insurance Commission was established in 1982. The Committee reviews the billing and practice patterns of optometrists and makes recommendations regarding these matters to the Association or the Commission.

A review of chiropractic services and payments is carried out by the Chiropractic Review Board which consists of chiropractors and officers of the Commission.

Swift Current Health Region

Swift Current Health Region, organized in 1945 as the Province's first health region, embraces an area of 15,000 square miles in the southwest corner of Saskatchewan. Through agreements with physicians in the area, the Region has administered a medical care plan for its residents since 1946 under The Health Services Act.

With the inauguration of province-wide medical care insurance in July, 1962, the regional program continued under contractual arrangement between the Region Board and the Commission.

At the close of 1980, the Commission and the Board of the Swift Current Health Region agreed upon a new claims processing arrangement whereby, effective April 1, 1981, the Commission assumed the responsibility for processing claims for insured physician services provided on or after April 1, 1981 to residents of the Swift Current Health Region. Physicians practising in the Swift Current Health Region may send their accounts directly to the Region or to the Commission. Region staff check and code claims submitted to the Region. They then send the claim information by automated means to the Commission for processing. The Commission provides the Swift Current Health Region with a grant to cover administrative costs in operating the program.

Claims Processing System

1. Claims are received (average of 132,000 per week) from physicians, optometrists, chiropractors, patients, and the approved health agencies.

2. The claims control section accumulates all input data and submits the tape for computer processing on a weekly basis.

3. The computer subjects each claim to a series of tests to determine the validity of the claim data.

4. (a) The Master Registration File, a file containing a complete record of all registered Saskatchewan beneficiaries, is used to check the identity and eligibility of the patient.

(b) Certain claims are temporarily retained in the system for processing in a subsequent cycle, e.g. the claim indicates an old health services card number for a beneficiary who has been assigned a new number.

5. (a) The Patient History File (PHF), a file containing a history of paid services, is used to determine whether the services on the claim should be accepted, rejected or adjusted.

(b) Claims with a date of service 6 months or more prior to the date of receipt, e.g. accepted because of special circumstances, are assessed once a month against the entire PHF.

6. All rejected claims are reviewed by the Commission staff. The rejected claims are either corrected or returned to the sender for additional information.

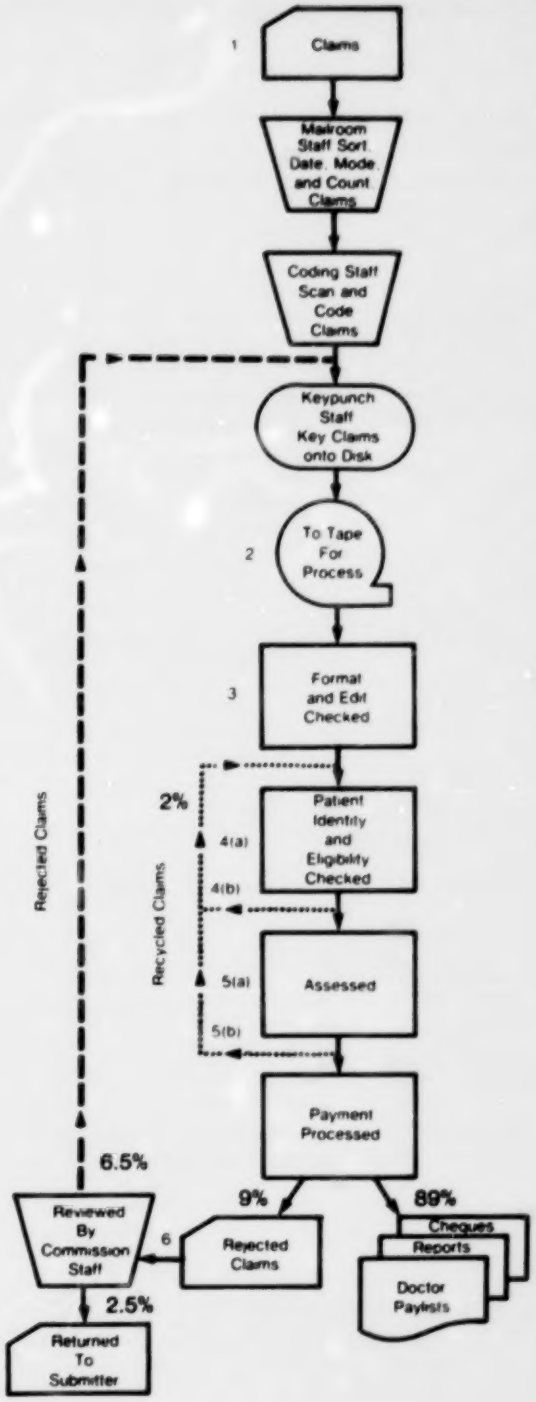
In lieu of the manual submission of claims referred to in item 1 above, the Commission may enter into an agreement with clinics for automated claim submissions.

Clinics considering the implementation of automated submission of claims systems are urged to contact the Commission prior to purchase of the equipment to ensure compatibility with the Commission's claims processing system.

Medical Care Research

From time to time the Commission assists researchers in carrying out various health care related studies by providing statistical data on insured services. Some of the studies with which the Commission has assisted in the past include: development of a data base on alcoholism or alcohol related diagnoses; survival of kidney transplant cases; incidence of rubella; diagnosis and treatment of diabetes; the prevalence of hypertension and ischemic heart disease in relation to diabetes.

The Commission's assistance with such studies is conditional on a number of criteria, for example, no information is released which identifies persons, the confidentiality of the providers and recipients of insured services must be safeguarded; researchers must agree to bear the cost of retrieval or extraction of the data requested; researchers must agree to make available to the Commission for review and comment prior to publication any material emanating from the data released to them. Application forms for use in requesting statistical data are available from the Commission.



Statement of Receipts and Payments

Year Ended March 31, 1983

(With comparative figures for the previous year)

1982		1983
	Receipts:	
	Grants from the Consolidated Fund	
$121,626,000	— Insured services	$148,795,000
4,887,520	— Administration	5,998,970
104,409	Bursary refunds including interest	190,664
126,617,929	**Total Receipts**	**154,984,634**
(2,266,750)	Overdraft on bank — beginning of period	(3,117,937)
$124,351,179		$151,866,697
	Payments:	
	Payments under Saskatchewan Medical Care Insurance Act:	
	Insured service payments to:	
$100,761,880	Physicians	$123,923,891
3,075,910	Approved Health Agencies	3,308,432
2,868,734	Swift Current Health Region	3,744,778
	Beneficiaries	
5,703,667	— for physician services	6,254,255
2,362,249	— for chiropractor services	2,605,539
168,660	— for dental services	203,768
	Saskatchewan Hospital Services Plan —	
3,638,598	Community Health Associations	4,336,265
3,750,426	Optometrists	4,396,956
2,394,477	Chiropractors	3,022,414
436,803	Dentists	602,360
125,161,404	**Gross insured service payments**	**152,396,658**
	Less refunds from:	
2,908,829	— Cancer Foundation for cancer services	3,797,406
53,357	— Practitioners, for insured services	316,608
122,199,218	**Net insured service payments**	**148,284,644**
4,973,862	Administration payments (Statement 2)	5,982,978
192,073	Grants to Swift Current Health Region	151,950
127,365,153	**Total payments under Saskatchewan Medical Care Insurance Act**	**154,419,572**
103,963	Department of Continuing Education Bursary Refunds	190,058
127,469,116	**Total payments Saskatchewan Medical Care Insurance Fund**	**154,609,630**
(3,117,937)	Overdraft on bank — end of period	(2,742,933)
$124,351,179		$151,866,697

Note 1: Accounting Policies

The accounts of the Fund are maintained on a cash basis whereby revenue is recorded when received and expenditures are charged to the accounts when payments are made. Accordingly, the assets and liabilities (excluding bank balance) of the Fund, as at March 31, 1983, are not reflected in these financial statements.

Statement of Administration Payments

Year Ended March 31, 1983

(With comparative figures for the previous year)

1982		1983
$3,157,617	Salaries	$3,880,171
372,873	Systems analyst services	566,705
437,490	Registration services (S.H.S.P.)	489,340
392,651	Computer Services	467,266
250,759	Postage and communications	253,050
135,945	Stationery and office supplies	144,225
77,899	Rent of office equipment	78,880
62,357	Data processing services (S.H.S.P.)	76,774
41,872	Printing and advertising	51,597
98,541	Equipment purchase and repair	50,802
20,793	Payments to Commission members	40,263
15,325	Travel and sustenance	13,288
6,089	Miscellaneous contractual services	9,876
3,780	Educational and professional fees	5,247
5,073,991		6,127,484
100,129	Less: Recoveries for services to other agencies	144,506
$4,973,862	**Total administration payments to Statement 1**	**$5,982,978**

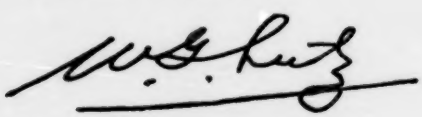
(S.H.S.P.) Saskatchewan Hospital Services Plan

Auditor's Report

To the Members of the Legislative Assembly
Province of Saskatchewan

I have examined the statement of receipts and payments and the supporting statement of administration payments for the Saskatchewan Medical Care Insurance Fund for the year ended March 31, 1983. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the cash transactions of the Fund for the year ended March 31, 1983 and the bank balance at that date in accordance with the stated accounting policies of the Fund applied on a basis consistent with that of the preceding year.



Regina, Saskatchewan
April 29, 1983.

W. G. Lutz, F.C.A.,
Provincial Auditor.

Statistical Tables

Introductory Notes

General — The following tables are based upon Commission payments made during 1982-83 for medical, optometric and chiropractic services provided to Commission beneficiaries as outlined in Table 6, page 27. A global system of payment for medical and optometric services is used for four community clinics in the province with services being recorded on the same basis as fee-for-service items. Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 are included in the insured service data for that year.

Beneficiaries — Beneficiary information, such as the age-sex structure, is based upon records maintained by the Saskatchewan Hospital Services Plan.

Date of Payment — Statistics are based upon the date a service was paid, and not upon the date the service was provided. Statistics for the year 1982-83 include some services rendered in 1981-82.

Payment Adjustments — The difference between "Gross Insured Service Payments" (Statement 1, Page 16) and the total payments shown in the statistical tables is due to accounting adjustments, certain recoveries, and the payments to S.H.S.P. on a global basis for medical and optometric services provided in community clinics.

Number of Services — Certain categories of service data shown in the tables may:

(a) represent an understatement, e.g.:
  (i) many surgical procedures include visit services and procedures provided during the pre- and post-operative care period;
  (ii) obstetrical services include post-natal care in hospital;
  (iii) some visit services include minor procedures;

or

(b) represent an overstatement, e.g.:
  (i) surcharges counted as services;
  (ii) additional time units in anaesthesia, surgical assistance, etc., counted as services.

Definitions of Service Groupings (Tables 9 to 12)

(a) **Complete Assessments** — A complete assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A complete assessment may be provided to new or former patients.

(b) **Partial Assessments or Subsequent Visits** — A partial assessment is a visit which comprises history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Well-baby care provided in the office is included in this category. Initial assessments are included in this classification.

(c) **Minor Assessments** — Follow-up assessments by specialists usually following an initial assessment to review the progress of treatment, or when a patient is seen for a relatively minor condition.

(d) **Special Calls and Emergency Visits** — Visits other than (a), (b), (c), (e) or (f), provided when a physician is specially called to attend a patient on a priority basis which causes a degree of disruption of work or out-of-hours activity, and travel. This category includes surcharge payments for specially called visits and special calls to a hospital to provide anaesthesia, and Special Care Home and Nursing Home routine visit services.

(e) **Hospital Care** — Physician services provided in a hospital on a visit per day basis. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Consultations** — A consultation is the referral of a patient by one physician to another for examination, diagnosis, and written report. The patient returns to the referring physician for continuing treatment. If continuing treatment is provided by the consultant the visit is classified and paid as a complete or partial assessment.

(g) **Psychotherapy** — Includes treatment interview, group therapy, and counselling.

(h) **Laboratory Services** — All out-of-hospital laboratory services by specialists in pathology and common office laboratory services provided by other physicians.

(i) **Diagnostic Radiology** — All out-of-hospital technical procedures and interpretations by specialists in radiology.

(j) **Other Diagnostic Procedures** — Includes electrocardiograms, electroencephalograms, diagnostic ultrasound, biopsies, sigmoidoscopies, allergy investigations, administration of contrast media for radiology, and other diagnostic procedures. Dilatation and curettage is included in this grouping.

(k) **Major Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was $25.50 or more as of April 30, 1975.

(l) **Minor Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was less than $25.50 as of April 30, 1975.

(m) **Obstetrics** — Includes confinements, therapeutic abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits.

(n) **Anaesthesia** — All anaesthetic procedures are included in this category (See page 12).

(o) **Surgical Assistance** — Services of physicians as required to assist the surgeon at an operation.

(p) **Major Therapeutic Procedures** — Comprises therapeutic procedures, including some special psychiatric treatment procedures, for which the specialist fee listed in the Payment Schedule was $17.00 or more as of April 30, 1975.

(q) **Minor Therapeutic Procedures** — Comprises special psychiatric treatment procedures, allergy treatments and other therapeutic procedures for which the specialist fee listed in the Payment Schedule was less than $17.00 as of April 30, 1975.

(r) **Refractions by Physicians** — Eye examinations to determine the refractive state of the eye, when provided by a physician.

(s) **Refractions by Optometrists** — Eye examinations to determine the refractive state of the eye, when provided by an optometrist.

Categories of Practitioners (Tables 13 and 16 to 24)

I. **Physicians**

(a) **Family Practitioner** — A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not specialists, limit their practice to specific specialty areas.

(i) **Urban** — A family practitioner who practises in a locality having 10,000 or more residents.

(ii) **Rural** — A family practitioner who practises in a locality having fewer than 10,000 residents.

(iii) **Association** — A family practitioner who maintains patients' medical records with one or more other physicians.

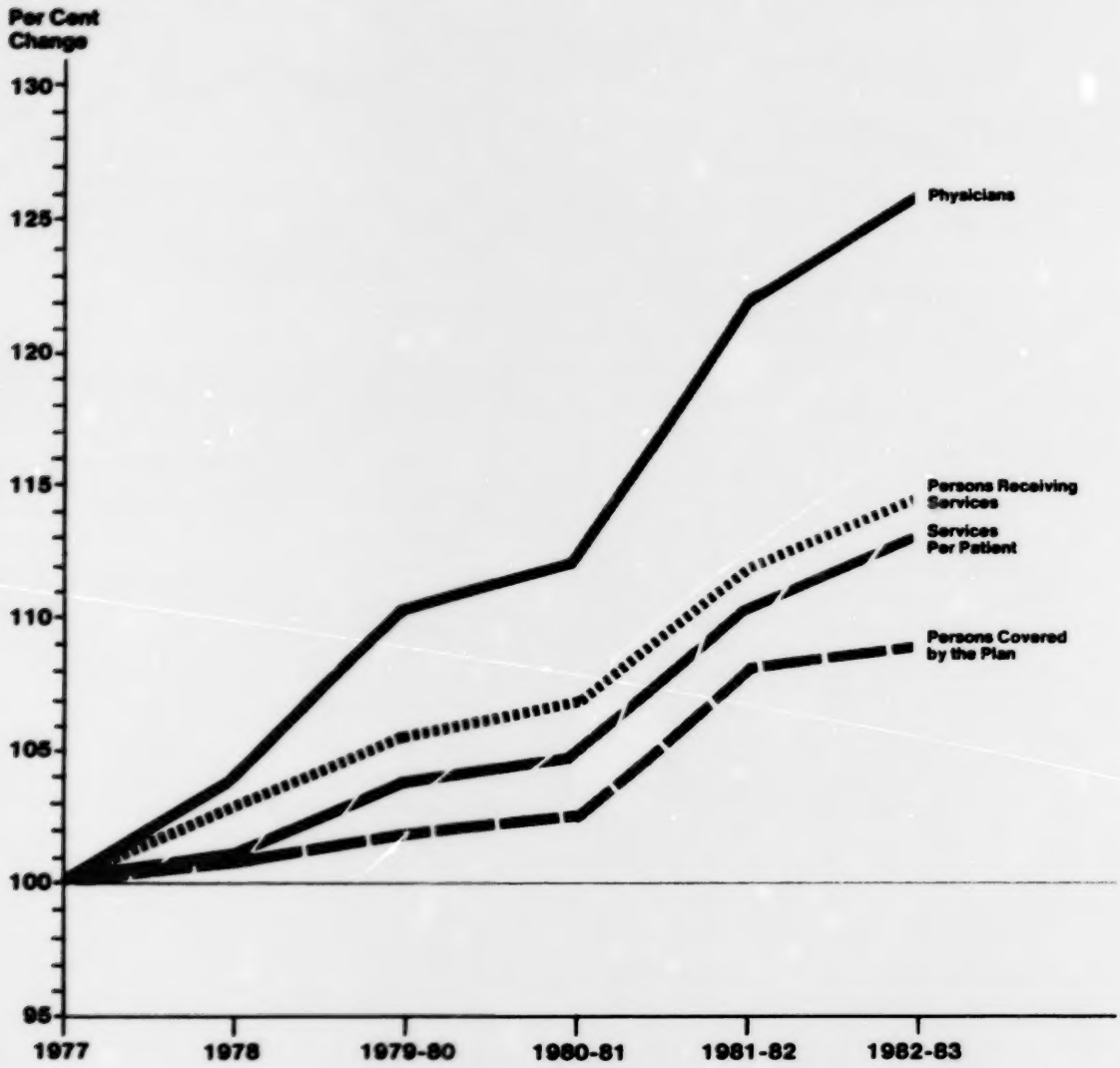
(iv) **Solo** — A family practitioner who is not working in association with another physician.

(b) **Specialist** — A physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive Commission payments at specialist rates. If a physician is listed as a specialist during the year, only those services provided after such listing are included with specialist services.
Note: Physiatrists are included with Internists, Medical Geneticists with Paediatricians, and specialists in the combined specialty of Ophthalmology and Otolaryngology are included with Ophthalmologists.

II. **Optometrist** — a practitioner registered by the Saskatchewan Optometric Association.

III. **Chiropractor** — a practitioner registered by the Chiropractors' Association of Saskatchewan.

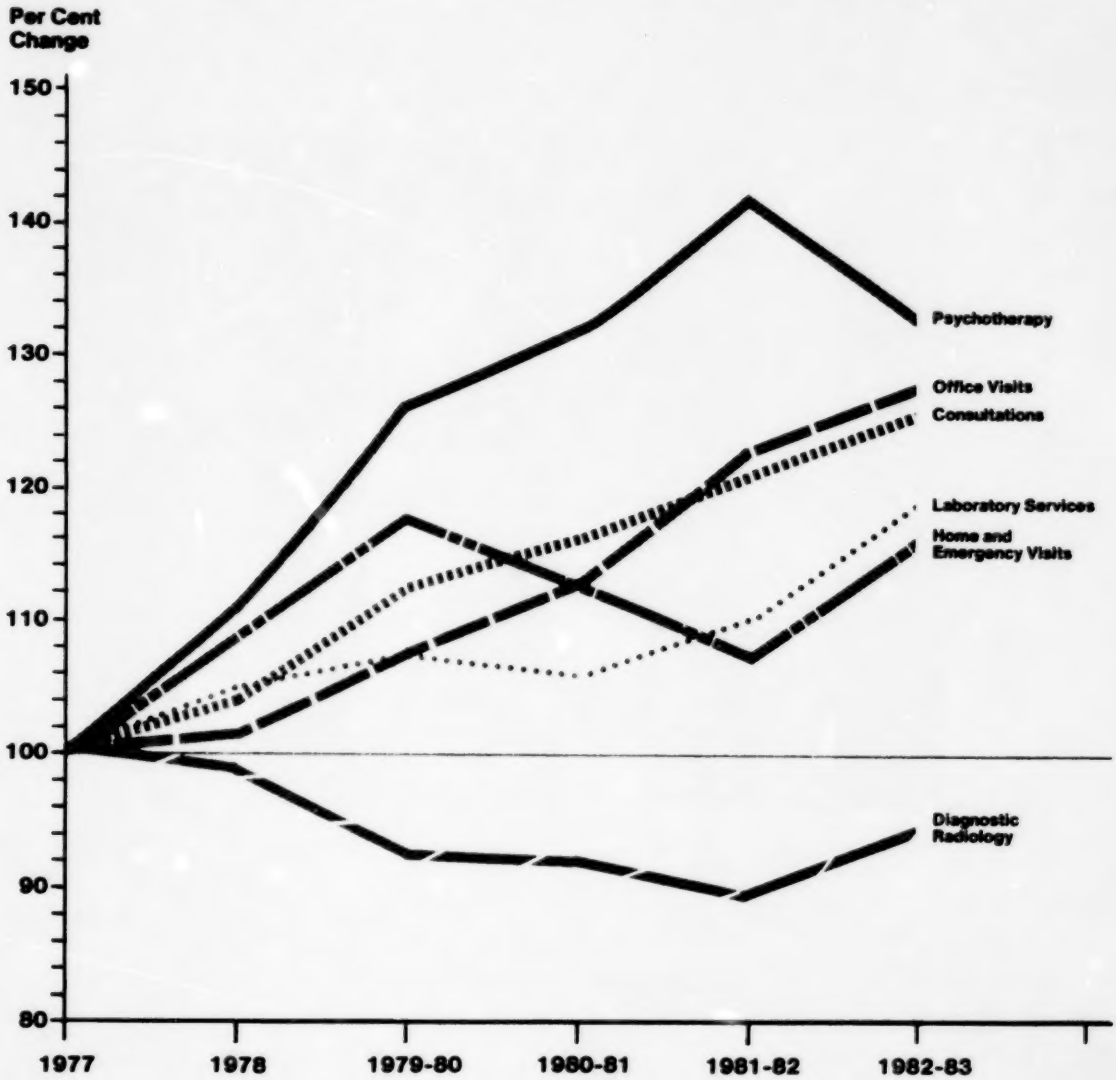
Figure 1
Annual Per Cent Change in Number of: Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services (Indexed to Base Year 1977)



Note: (a) Data shown are for calendar years 1977 and 1978, and for fiscal years, i.e. April to March, inclusive, for 1979-80 to 1982-83.

(b) Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 and 1982-83 are included in the insured service data for those years.

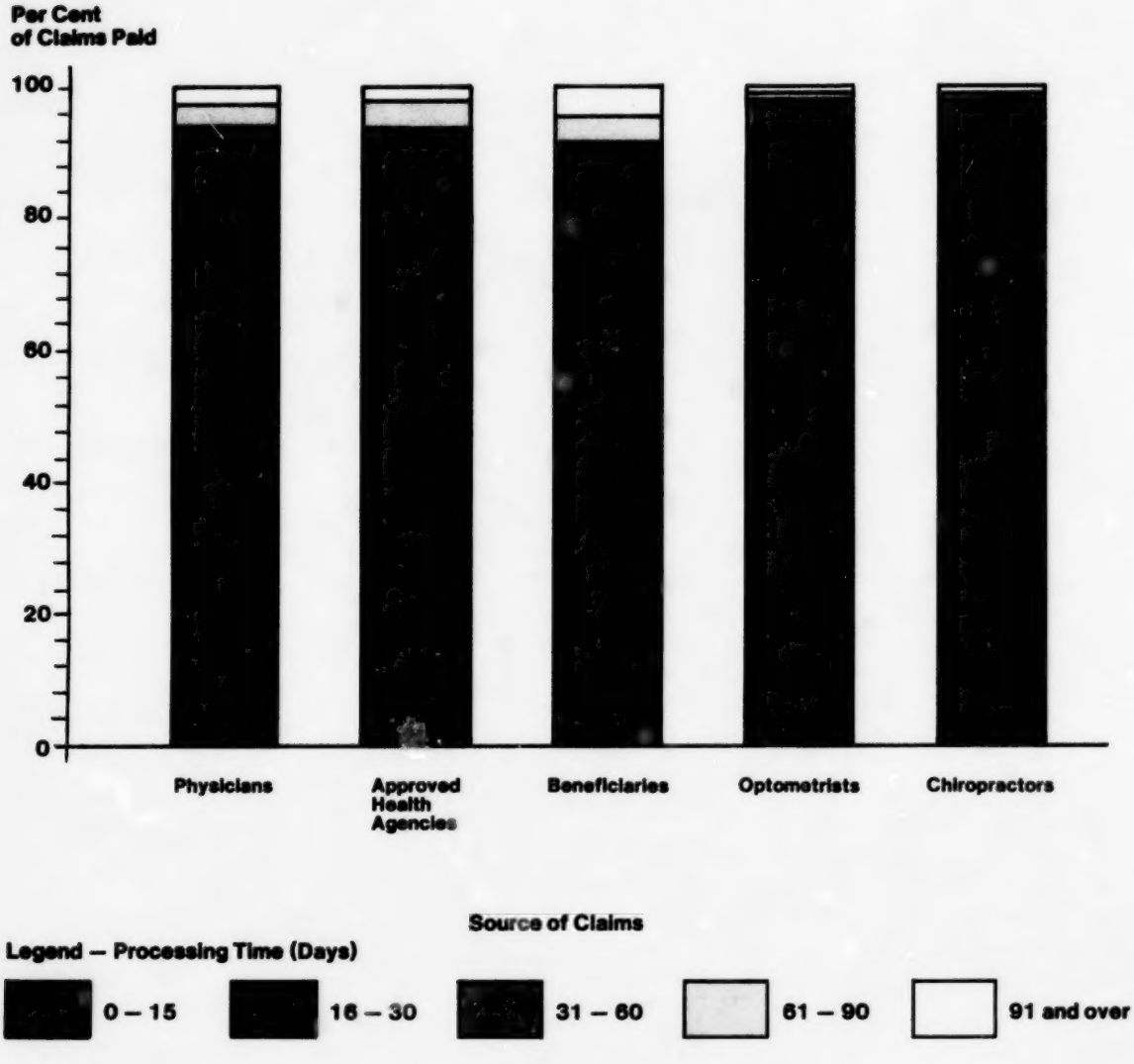
Figure 2
Annual Per Cent Change in Services Per 1,000 Beneficiaries for Selected Types of Service (Indexed to Base Year 1977)



Note: (a) Data shown are for calendar years 1977 and 1978, and for fiscal years, i.e. April to March, inclusive, for 1979-80 to 1982-83.

(b) Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 and 1982-83 are included in the insured service data for those years.

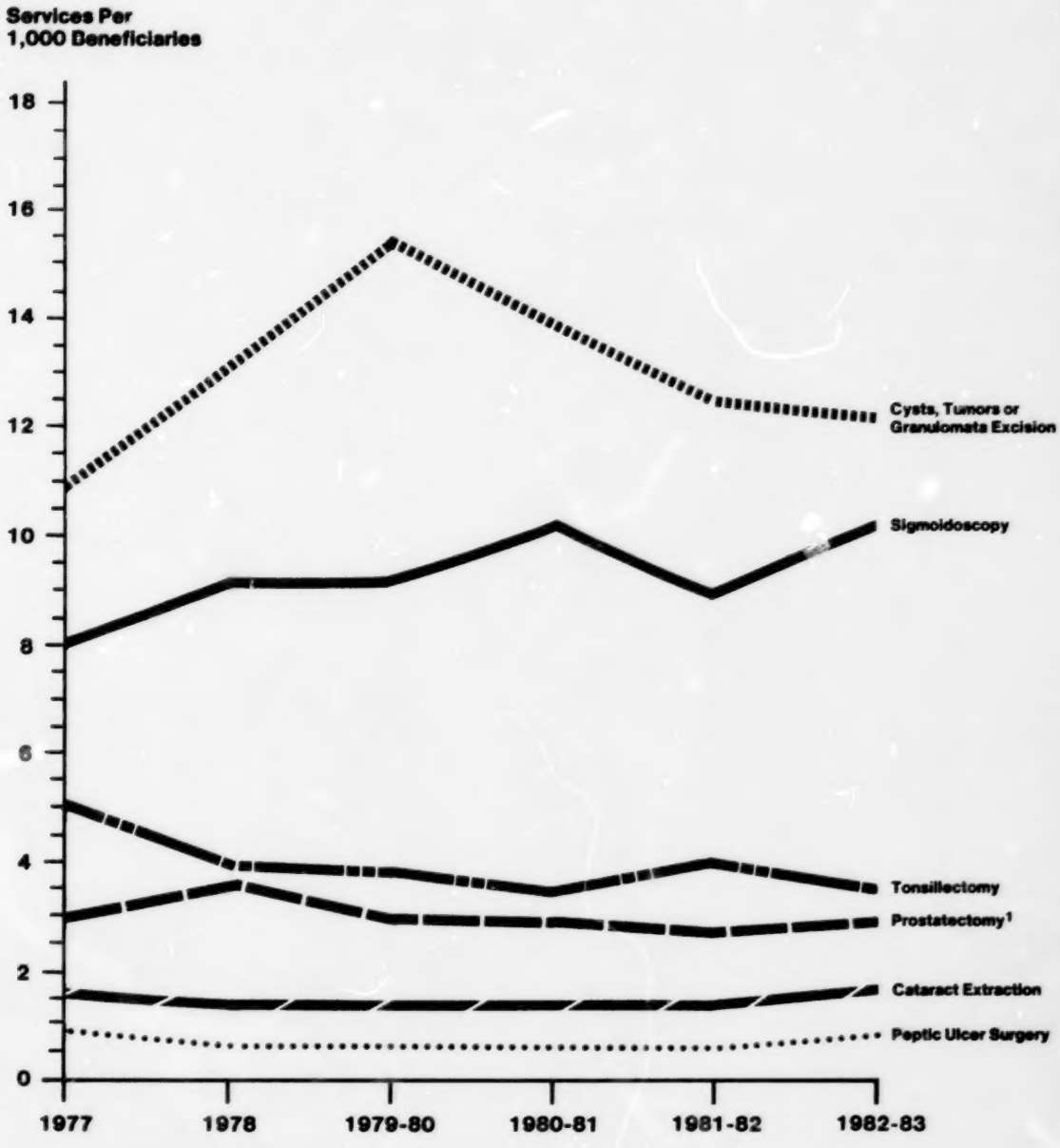
Figure 3
Cumulative Per Cent of Claims Paid by Length of Time Between Date of Service and Date of Payment



Note: Almost all claims from Physicians (97.9%), Approved Health Agencies (99.0%), Beneficiaries (96.9%), Optometrists (99.6%), and Chiropractors (99.4%) are processed within 90 days. The small percentage of claims taking longer than 90 days to process arises from:

(a) late submission;
(b) incorrectly completed or incomplete claims;
(c) complex claims requiring further information or clarification e.g. certain out-of-province claims.

Figure 4
Services Per 1,000 Beneficiaries for Selected Procedures, 1977 to 1982-83

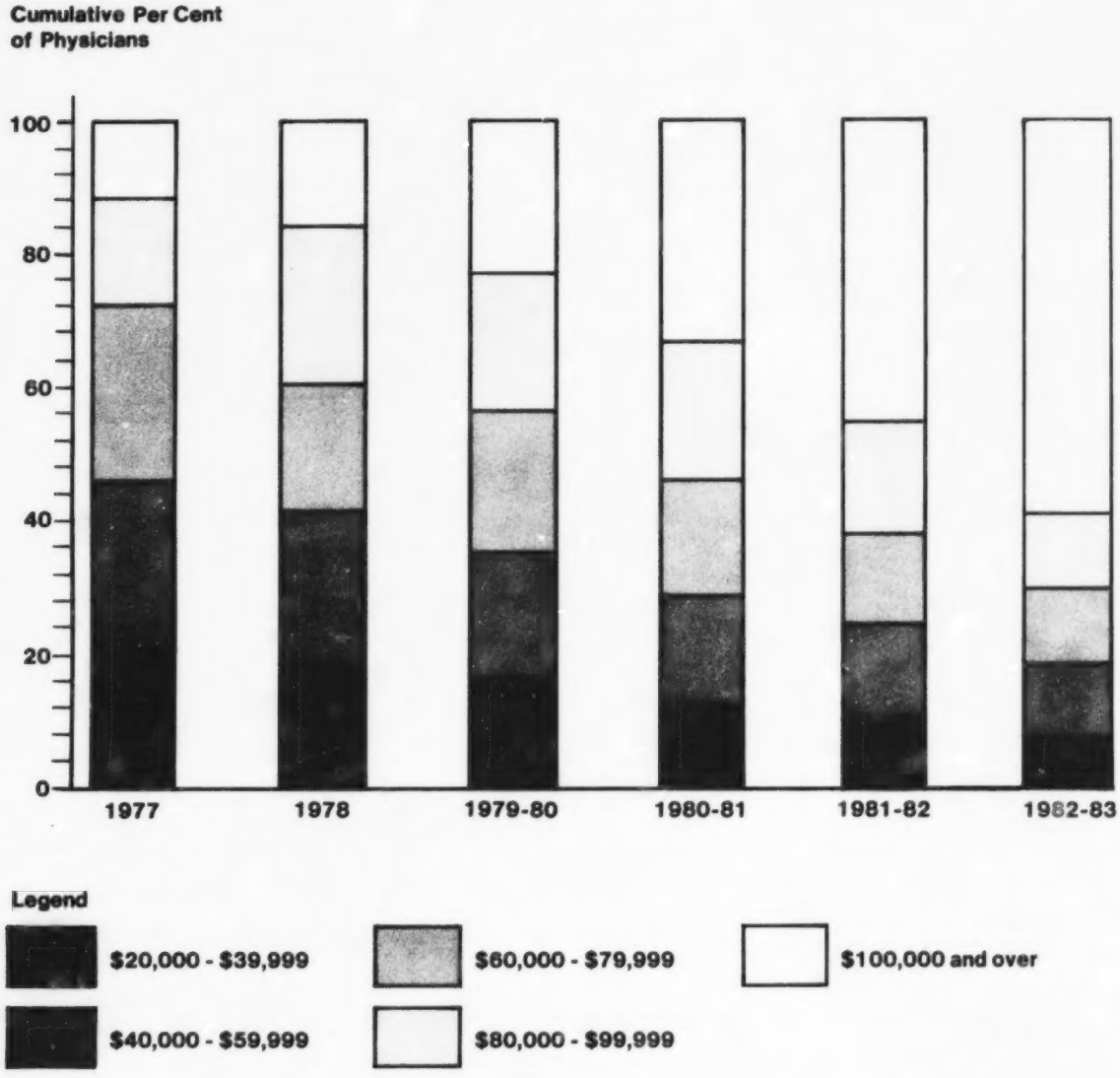


[1] Per thousand male beneficiaries.

Note: (a) Data shown are for calendar years 1977 and 1978, and for fiscal years, i.e. April to March, inclusive, for 1979-80 to 1982-83.

(b) Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 and 1982-83 are included in the insured service data for those years.

Figure 5
Per Cent of Physicians by Range of MCIC Payment, 1977 to 1982-83



Note: (a) Data shown are for calendar years 1977 and 1978, and for fiscal years, i.e. April to March, inclusive, for 1979-80 to 1982-83.

(b) Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 and 1982-83 are included in the insured service data for those years.

Table 1
Summary of Receipts and Payments

	Amount (000's)		Per Cent of Total	
	1981-82	1982-83	1981-82	1982-83
Receipts				
Grant from Consolidated Fund	$126,513	$154,794	99.3	100.2
Adjustments between bank balance at start and end of year	852	(374)	0.7	(0.2)
Total Receipts	**$127,365**	**$154,420**	**100.0**	**100.0**
Payments				
Insured Services	$122,199	$148,285	95.9	96.0
Swift Current Health Region	192	152	0.2	0.1
Administration Payments[1]	4,974	5,983	3.9	3.9
Total Payments	**$127,365**	**$154,420**	**100.0**	**100.0**

[1] Does not include the value of some services and facilities provided at no direct cost to the Commission by other government agencies e.g. office space, furniture, central purchasing, central personnel services, or group life contributions. Their estimated value is $541,000 for 1981-82 and $588,000 for 1982-83. Including them brings administration costs as a per cent of total payments to 4.3% in 1981-82 and 4.2% in 1982-83.

Table 2
Analysis of Per Cent Change in Annual Gross Payments

Year	Gross Payments for Insured Services (000's)[1]	Per Cent Change Due to: Change in Population	Increase in Fees	Change in Coverage[2]	Change in Value of Claims Inventory[3]	Change in Per Capita Utilization[4]	**Total Per Cent Change**
1978-79	78,365	—	—	—	—	—	—
1979-80	83,555	0.76	9.52	0.03	−5.71	2.02	**6.62**
1980-81	99,401	0.67	13.36	0.17	−0.63	5.39	**18.96**
1981-82	122,253	0.88	14.82	3.25	1.90	2.14	**22.99**
1982-83	148,601	1.07	15.38	0.24	−1.79	6.65	**21.55**
Average Annual Per Cent Change 1978-79 to 1982-83	—	0.85	13.27	0.92	−1.56	4.05	**17.53**

[1] Includes payments for insured services provided by Physicians, Optometrists and Chiropractors as per Statement 1, page 16.

[2] Effective January 1, 1980 optometric services to beneficiaries of the Swift Current Health Region are included in coverage.

Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 and 1982-83 are included in the insured service data for those years.

[3] Increases or decreases in the dollar value of claims on hand for processing compared to the previous year.

[4] The change in adjusted gross payments per beneficiary for medical, optometric and chiropractic services.

Table 3
Adjustments and Recoveries by the Commission

	1981-82		1982-83	
	Number of Practitioners[1]	Adjustment or Recovery (000's)	Number of Practitioners[1]	Adjustment or Recovery (000's)
Routine Assessment[2]	1,562	$6,887.1	1,587	$7,360.0
Special Commission Studies[3]	6	8.8	3	29.0
Professional Review Activity	7	44.6	16	287.6
Total	–	**$6,940.5**	–	**$7,676.6**

[1] Practitioners who received a Commission payment during the year.

[2] The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs.

[3] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the Commission.

Table 4
Volume of Claims Compared to Number of M.C.I.C. Staff

Year	1978-79	1979-80	1980-81	1981-82	1982-83
Thousands of Claims Received	5,588	5,823	6,121	6,459	6,855
Number of Employees[1]	157	167	158	159	159
Claims per Employee	**35,592**	**34,868**	**38,740**	**40,623**	**43,113**

[1] Number of employees on staff as at March 31 of each fiscal year.

Table 5
Claims Received by Method of Billing

	Thousands of Claims Received					Per Cent of Claims Received				
Claims Received from:[1]	78-79	79-80	80-81	81-82	82-83	78-79	79-80	80-81	81-82	82-83
Physicians[2]	4,629	4,662	5,024	5,389	5,758	82.8	80.1	82.1	83.4	84.0
Optometrists	144	159	169	168	181	2.6	2.7	2.7	2.6	2.6
Chiropractors	186	199	226	245	284	3.3	3.4	3.7	3.8	4.2
All Providers of Service	**4,959**	**5,020**	**5,419**	**5,802**	**6,223**	**88.7**	**86.2**	**88.5**	**89.8**	**90.8**
Group Medical Services	72	62	53	45	36	1.3	1.1	0.9	0.7	0.5
Medical Services Inc.	219	192	168	136	130	3.9	3.3	2.7	2.1	1.9
Total Approved Health Agencies	**291**	**254**	**221**	**181**	**166**	**5.2**	**4.4**	**3.6**	**2.8**	**2.4**
Beneficiaries	**338**	**549**	**481**	**476**	**466**	**6.1**	**9.4**	**7.9**	**7.4**	**6.8**
Total	**5,588**	**5,823**	**6,121**	**6,459**	**6,855**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[1] Includes claims for services received outside the province. Out-of-province claims, as a per cent of total claims received in 1982-83 amounted to 2.1% of which 1.4% were from practitioners and 0.7% were from beneficiaries.

[2] Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 and 1982-83 are included in the insured service data for those years.

Table 6
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 1982		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	8,306	7,854	15,485	13,828	248,327	218,412
1 - 4	34,866	32,779	8,346	7,606	125,469	110,778
5 - 14	81,722	78,229	4,702	4,665	69,479	66,678
15 - 24	97,162	93,266	4,826	12,349	73,105	155,361
25 - 44	134,106	128,952	5,856	13,312	86,544	177,324
45 - 64	91,611	92,329	9,691	12,217	146,227	166,790
65 - 69	19,371	20,870	13,984	15,239	206,431	201,799
70 and over	35,951	43,293	21,948	23,553	281,985	272,567
All Beneficiaries	**503,095**	**497,572**	**7,962**	**12,173**	**115,995**	**159,435**
B. Optometrists						
Under 1	8,306	7,854	2	2	47	52
1 - 4	34,866	32,779	37	39	953	979
5 - 14	81,722	78,229	166	211	4,217	5,344
15 - 24	97,162	93,266	148	246	3,752	6,216
25 - 44	134,106	128,952	134	212	3,399	5,358
45 - 64	91,611	92,329	194	239	4,910	6,041
65 - 69	19,371	20,870	184	226	4,642	5,711
70 and over	35,951	43,293	183	207	4,625	5,212
All Beneficiaries	**503,095**	**497,572**	**150**	**208**	**3,786**	**5,274**
C. Chiropractors						
Under 1	8,306	7,854	14	20	128	182
1 - 4	34,866	32,779	29	31	262	281
5 - 14	81,722	78,229	110	101	990	918
15 - 24	97,162	93,266	376	483	3,463	4,419
25 - 44	134,106	128,952	760	963	6,950	8,753
45 - 64	91,611	92,329	1,006	1,193	9,151	10,812
65 - 69	19,371	20,870	857	1,112	7,793	10,052
70 and over	35,951	43,293	559	667	5,070	6,046
All Beneficiaries	**503,095**	**497,572**	**552**	**685**	**5,031**	**6,217**

Table 7
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	1981-82 Number of Beneficiaries	1981-82 % of Beneficiaries	1981-82 % of Payments	1981-82 % of Services	1982-83 Number of Beneficiaries	1982-83 % of Beneficiaries	1982-83 % of Payments	1982-83 % of Services
A. Physicians Only								
$ 0.00[1]	158,887	16.1	—	—	150,493	15.0	—	—
$ 0.01 - $ 10.00	55,175	5.6	0.5	0.6	2,716	0.3	<0.1	<0.1
$ 10.01 - $ 25.00	118,152	11.9	2.0	2.2	118,226	11.8	1.3	1.4
$ 25.01 - $ 50.00	157,811	15.9	5.3	6.2	160,928	16.1	4.2	4.8
$ 50.01 - $ 100.00	189,158	19.1	12.2	13.9	196,096	19.6	10.3	11.7
$100.01 - $ 200.00	154,826	15.6	19.5	21.2	174,936	17.5	18.1	20.2
$200.01 - $ 500.00	118,129	11.9	32.3	31.8	142,745	14.3	32.1	33.1
$500.01 - $1,000.00	31,368	3.2	18.6	17.0	42,900	4.3	21.0	18.7
Over $1,000.00	7,240	0.7	9.6	7.1	11,627	1.1	13.0	10.1
Total	**990,746**	**100.0**	**100.0**	**100.0**	**1,000,667**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$ 0.00[1]	824,113	83.2	—	—	825,132	82.5	—	—
$ 0.01 - $ 25.00	163,647	16.5	96.4	96.4	135,627	13.5	74.7	75.8
Over $25.00	2,986	0.3	3.6	3.6	39,908	4.0	25.3	24.2
Total	**990,746**	**100.0**	**100.0**	**100.0**	**1,000,667**	**100.0**	**100.0**	**100.0**
C. Chiropractors Only								
$ 0.00[1]	902,445	91.1	—	—	908,349	90.8	—	—
$ 0.01 - $ 10.00	16,440	1.7	2.7	2.9	17,582	1.8	2.8	2.9
$ 10.01 - $ 25.00	22,384	2.3	9.0	9.4	13,857	1.4	4.4	4.6
$ 25.01 - $ 50.00	19,398	1.9	15.7	15.6	24,613	2.5	15.0	15.1
$ 50.01 - $ 100.00	17,256	1.7	26.1	25.7	20,516	2.0	25.9	25.7
$100.01 - $ 200.00	9,920	1.0	28.4	28.2	11,330	1.1	27.9	27.6
Over $200.00	2,903	0.3	18.1	18.2	4,420	0.4	24.0	24.1
Total	**990,746**	**100.0**	**100.0**	**100.0**	**1,000,667**	**100.0**	**100.0**	**100.0**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number receiving services at any time during the year and the total of beneficiaries at June 30 of the stated year.

Table 8
Physician Services and Payments by Age and Sex

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment
		Insured[1]	Treated[2]	Treated	Services	Cost	Services	Cost	Per Service
Under 1	M	8,306	11,089	100.00	15.48	248.33	11.60	186.00	16.04
	F	7,854	10,788	100.00	13.83	218.41	10.07	159.01	15.80
	T	**16,160**	**21,877**	**100.00**	**14.68**	**233.79**	**10.84**	**172.69**	**15.93**
1 - 4	M	34,866	33,324	95.58	8.35	125.47	8.73	131.28	15.03
	F	32,779	30,872	94.18	7.61	110.78	8.08	117.62	14.56
	T	**67,645**	**64,196**	**94.90**	**7.99**	**118.35**	**8.42**	**124.71**	**14.82**
5 - 9	M	40,590	32,975	81.24	5.03	75.78	6.19	93.28	15.07
	F	39,243	31,988	81.51	4.80	69.50	5.89	85.27	14.47
	T	**79,833**	**64,963**	**81.37**	**4.92**	**72.69**	**6.05**	**89.33**	**14.78**
10 - 14	M	41,132	30,728	74.71	4.38	63.26	5.86	84.68	14.45
	F	38,986	29,631	76.00	4.52	63.84	5.95	83.99	14.11
	T	**80,118**	**60,359**	**75.34**	**4.45**	**63.54**	**5.91**	**84.34**	**14.28**
15 - 19	M	47,713	36,849	77.23	4.64	70.56	6.01	91.36	15.19
	F	45,696	43,138	94.40	9.32	120.93	9.87	128.10	12.98
	T	**93,409**	**79,987**	**85.63**	**6.93**	**95.20**	**8.09**	**111.18**	**13.73**
20 - 24	M	49,449	36,231	73.27	5.00	75.56	6.83	103.13	15.11
	F	47,570	47,304	99.44	15.26	188.44	15.35	189.50	12.35
	T	**97,019**	**83,535**	**86.10**	**10.03**	**130.91**	**11.65**	**152.04**	**13.05**
25 - 29	M	45,606	33,047	72.46	5.22	78.41	7.21	108.21	15.02
	F	43,610	42,190	96.74	15.94	203.33	16.47	210.17	12.76
	T	**89,216**	**75,237**	**84.33**	**10.48**	**139.47**	**12.40**	**165.39**	**13.34**
30 - 34	M	36,436	26,756	73.43	5.67	84.38	7.72	114.91	14.88
	F	34,540	32,128	93.02	13.24	178.55	14.24	191.95	13.48
	T	**70,976**	**58,884**	**82.96**	**9.36**	**130.21**	**11.28**	**156.94**	**13.92**
35 - 39	M	28,563	21,406	74.94	6.29	91.96	8.39	122.71	14.63
	F	27,656	24,597	88.94	11.26	156.11	12.66	175.52	13.86
	T	**56,219**	**46,003**	**81.83**	**8.73**	**123.52**	**10.67**	**150.95**	**14.14**
40 - 44	M	23,501	17,128	72.88	6.85	99.10	9.40	135.97	14.46
	F	23,146	19,835	85.70	10.92	151.85	12.74	177.20	13.91
	T	**46,647**	**36,963**	**79.24**	**8.87**	**125.27**	**11.19**	**158.09**	**14.13**
45 - 49	M	22,742	16,659	73.25	7.71	113.49	10.53	154.93	14.72
	F	22,187	18,950	85.41	11.46	159.75	13.41	187.04	13.94
	T	**44,929**	**35,609**	**79.26**	**9.56**	**136.33**	**12.06**	**172.01**	**14.26**
50 - 54	M	23,788	17,634	74.13	8.73	128.93	11.78	173.93	14.77
	F	23,233	19,815	85.29	11.67	159.32	13.68	186.81	13.65
	T	**47,021**	**37,449**	**79.64**	**10.18**	**143.95**	**12.79**	**180.74**	**14.14**
55 - 59	M	23,355	17,888	76.59	10.33	157.82	13.48	206.05	15.28
	F	23,825	20,276	85.10	12.25	166.44	14.40	195.57	13.59
	T	**47,180**	**38,164**	**80.89**	**11.30**	**162.17**	**13.97**	**200.49**	**14.35**
60 - 64	M	21,726	17,481	80.46	12.13	186.97	15.08	232.38	15.41
	F	23,084	19,970	86.51	13.46	181.43	15.56	209.72	13.48
	T	**44,810**	**37,451**	**83.58**	**12.82**	**184.12**	**15.33**	**220.30**	**14.37**
65 - 69	M	19,371	16,081	83.02	13.98	206.43	16.84	248.66	14.76
	F	20,870	18,294	87.66	15.24	201.80	17.38	230.21	13.24
	T	**40,241**	**34,375**	**85.42**	**14.63**	**204.03**	**17.13**	**238.85**	**13.94**
70 - 74	M	15,001	13,211	88.07	17.36	245.62	19.72	278.90	14.15
	F	16,323	15,064	92.29	18.30	233.82	19.82	253.36	12.78
	T	**31,324**	**28,275**	**90.27**	**17.85**	**239.47**	**19.77**	**265.30**	**13.42**
75 and over	M	20,950	20,354	97.16	25.23	308.02	25.97	317.04	12.21
	F	26,970	26,707	99.02	26.74	296.02	27.00	298.93	11.07
	T	**47,920**	**47,061**	**98.21**	**26.08**	**301.27**	**26.55**	**306.76**	**11.55**
Total all ages	**M**	**503,095**	**398,841**	**79.28**	**7.96**	**116.00**	**10.04**	**146.32**	**14.57**
	F	**497,572**	**451,547**	**90.75**	**12.17**	**159.43**	**13.41**	**175.69**	**13.10**
	T	**1,000,667**	**850,388**	**84.98**	**10.06**	**137.60**	**11.83**	**161.91**	**13.68**

[1] As at June 30, 1982.

[2] Population treated at any time during the fiscal year.

Table 9
Services by Type of Service

Type of Service[1]	Number of Services (000's) 1981-82	Number of Services (000's) 1982-83	Number of Services Per 1,000 Beneficiaries 1981-82	Number of Services Per 1,000 Beneficiaries 1982-83	Per Cent Change 1981-82 to 1982-83
Complete Assessments	461.0	451.2	465	451	−3.01
Partial Assessments	3,339.1	3,545.9	3,370	3,544	5.16
Minor Assessments	128.6	136.3	130	136	4.62
Special Calls and Emergency Visits	404.4	439.5	408	439	7.60
Hospital Care	1,307.2	1,170.1	1,319	1,169	−11.37
Psychotherapy	246.2	232.3	249	232	−6.83
	5,886.5	**5,975.3**	**5,941**	**5,971**	**0.50**
Consultations	**256.3**	**269.1**	**259**	**269**	**3.86**
Laboratory Services	2,228.9	2,441.3	2,250	2,440	8.44
Diagnostic Radiology	172.4	182.2	174	182	4.60
Other Diagnostic Procedures	402.7	482.0	406	482	18.72
	2,804.0	**3,105.5**	**2,830**	**3,104**	**9.68**
Major Surgery	75.7	80.3	76	80	5.26
Minor Surgery	115.5	112.8	116	113	−2.59
Obstetrics	19.8	20.5	20	20	—
Anaesthesia	177.1	178.6	179	179	—
Surgical Assistance	48.3	52.4	49	52	6.12
	436.4	**444.6**	**440**	**444**	**0.91**
Major Therapeutic Procedures	43.8	54.1	44	54	22.73
Minor Therapeutic Procedures	188.7	191.3	191	191	—
	232.5	**245.4**	**235**	**245**	**4.26**
Refractions by Physicians	**41.5**	**38.9**	**42**	**39**	**−7.14**
All Physician Services	**9,857.2**	**10,078.8**	**9,747**	**10,072**	**3.33**
Refractions by Optometrists	**169.7**	**178.9**	**171**	**179**	**4.68**
Chiropractic Visit Services	570.1	608.0	576	608	5.56
Chiropractic X-Ray Services	11.2	10.1	11	10	−9.09
All Chiropractor Services	**581.3**	**618.1**	**587**	**618**	**5.28**
All Services	**10,406.2**	**10,875.8**	**10,505**	**10,869**	**3.47**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 10
Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 1981-82	Dollar Payments (000's) 1982-83	Dollar Payments Per 1,000 Beneficiaries 1981-82	Dollar Payments Per 1,000 Beneficiaries 1982-83	Per Cent Change 1981-82 to 1982-83
Complete Assessments	11,023	12,354	11,126	12,346	10.97
Partial Assessments	37,350	47,294	37,699	47,263	25.37
Minor Assessments	1,400	1,772	1,413	1,770	25.27
Special Calls and Emergency Visits	4,199	6,515	4,238	6,510	53.61
Hospital Care	6,608	7,642	6,670	7,637	14.50
Psychotherapy	2,811	3,339	2,837	3,337	17.62
	63,391	**78,916**	**63,983**	**78,863**	**23.28**
Consultations	**9,928**	**11,805**	**10,021**	**11,597**	**15.73**
Laboratory Services	6,457	8,774	6,518	8,768	34.52
Diagnostic Radiology	3,846	4,806	3,881	4,803	23.76
Other Diagnostic Procedures	5,159	6,022	5,207	6,018	15.58
	15,462	**19,602**	**15,606**	**19,589**	**25.52**
Major Surgery	11,450	13,521	11,556	13,512	16.93
Minor Surgery	1,998	2,260	2,017	2,258	11.95
Obstetrics	2,235	2,512	2,256	2,510	11.26
Anaesthesia	4,828	5,753	4,873	5,750	18.00
Surgical Assistance	1,105	1,372	1,115	1,371	22.96
	21,616	**25,418**	**21,817**	**25,401**	**16.43**
Major Therapeutic Procedures	899	1,140	908	1,139	25.44
Minor Therapeutic Procedures	973	1,001	982	1,000	1.83
	1,872	**2,141**	**1,890**	**2,139**	**13.17**
Refractions by Physicians	**788**	**809**	**796**	**809**	**1.63**
All Physician Services	**113,057**	**138,491**	**114,113**	**138,398**	**21.28**
Refractions by Optometrists	**3,887**	**4,529**	**3,923**	**4,526**	**15.37**
Chiropractic Visit Services	4,518	5,374	4,560	5,371	17.79
Chiropractic X-Ray Services	238	250	240	250	4.17
All Chiropractor Services	**4,756**	**5,624**	**4,800**	**5,621**	**17.10**
All Services	**121,700**	**148,644**	**122,836**	**148,545**	**20.93**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 11
Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	1981-82 Family Practitioners ($)	1981-82 Specialists ($)	1981-82 All Practitioners ($)	1982-83 Family Practitioners ($)	1982-83 Specialists ($)	1982-83 All Practitioners ($)
Complete Assessments	22.22	35.35	23.91	25.50	39.93	27.38
Partial Assessments	10.66	18.94	11.19	12.91	20.04	13.34
Minor Assessments	—	10.88	10.88	—	12.99	12.99
Special Calls and Emergency Visits	10.16	13.04	10.38	14.50	18.11	14.82
Hospital Care	4.59	6.77	5.06	6.07	8.07	6.53
Psychotherapy	8.99	19.06	11.41	11.32	22.17	14.37
	10.25	**14.23**	**10.77**	**12.74**	**16.29**	**13.21**
Consultations	**26.55**	**40.32**	**38.73**	**30.17**	**44.78**	**43.13**
Laboratory Services	2.52	3.33	2.89	2.99	4.23	3.59
Diagnostic Radiology	—	22.30	22.30	—	26.37	26.37
Other Diagnostic Procedures	8.97	15.02	12.81	8.18	15.08	12.49
	3.23	**7.63**	**5.51**	**3.64**	**8.61**	**6.31**
Major Surgery	97.17	166.81	151.26	103.98	185.59	168.40
Minor Surgery	16.36	22.77	17.30	18.68	27.53	20.04
Obstetrics	103.63	133.60	112.94	112.96	141.82	122.48
Anaesthesia	25.77	28.26	27.26	30.23	33.57	32.21
Surgical Assistance	22.92	22.58	22.87	26.31	25.51	26.18
	30.86	**72.54**	**49.53**	**34.78**	**84.19**	**57.17**
Major Therapeutic Procedures	21.22	20.46	20.56	21.11	21.04	21.05
Minor Therapeutic Procedures	4.87	5.97	5.15	4.80	7.18	5.23
	5.48	**12.44**	**8.06**	**5.54**	**15.15**	**8.72**
Refractions by Physicians	**17.18**	**20.15**	**18.98**	**18.50**	**22.19**	**20.79**
All Physician Services	**9.58**	**17.02**	**11.71**	**11.57**	**18.87**	**13.74**
Refractions by Optometrists	**—**	**—**	**22.90**	**—**	**—**	**25.31**
Chiropractic Visit Services	—	—	7.92	—	—	8.84
Chiropractic X-Ray Services	—	—	21.23	—	—	24.77
All Chiropractor Services	**—**	**—**	**8.18**	**—**	**—**	**9.10**
All Services	**9.58**	**17.02**	**11.69**	**11.57**	**18.87**	**13.67**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 12
Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	1981-82	1982-83	1981-82	1982-83
Complete Assessments	4.43	4.15	9.06	8.31
Partial Assessments	32.08	32.60	30.69	31.82
Minor Assessments	1.24	1.25	1.15	1.19
Special Calls and Emergency Visits	3.88	4.04	3.45	4.38
Hospital Care	12.56	10.76	5.43	5.14
Psychotherapy	2.37	2.14	2.31	2.25
	56.56	**54.94**	**52.09**	**53.09**
Consultations	**2.46**	**2.47**	**8.16**	**7.81**
Laboratory Services	21.41	22.45	5.30	5.91
Diagnostic Radiology	1.66	1.67	3.16	3.23
Other Diagnostic Procedures	3.87	4.43	4.24	4.05
	26.94	**28.55**	**12.70**	**13.19**
Major Surgery	0.73	0.74	9.41	9.10
Minor Surgery	1.11	1.04	1.64	1.52
Obstetrics	0.19	0.19	1.83	1.69
Anaesthesia	1.70	1.64	3.97	3.87
Surgical Assistance	0.46	0.48	0.91	0.92
	4.19	**4.09**	**17.76**	**17.10**
Major Therapeutic Procedures	0.42	0.50	0.74	0.77
Minor Therapeutic Procedures	1.81	1.76	0.80	0.67
	2.23	**2.26**	**1.54**	**1.44**
Refractions by Physicians	**0.40**	**0.36**	**0.65**	**0.54**
All Physician Services	**92.78**	**92.67**	**92.90**	**93.17**
Refractions by Optometrists	**1.63**	**1.65**	**3.19**	**3.05**
Chiropractic Visit Services	5.48	5.59	3.71	3.61
Chiropractic X-Ray Services	0.11	0.09	0.20	0.17
All Chiropractor Services	**5.59**	**5.68**	**3.91**	**3.78**
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 13
Resident Physician Services by Type of Service and Type of Practitioner

Type of Service (000's) \ Type of Practitioner	Family Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Psychiatrists	Dermatologists	General Surgeons	Thoracic Surgeons
Visits								
Consultations	29.6	19.6	46.9	12.[illegible]	4.1	5.4	31.4	2.6
Special Eye Examination	14.6	–	–	–	–	–	–	–
Complete Examination	383.6	26.5	26.9	1.9	6.7	0.3	20.2	0.6
Partial Examination	3,240.3	50.7	37.0	3.3	5.9	3.5	44.1	1.0
Well Baby Care	35.7	2.3	–	–	–	–	–	–
Other Office Visits	0.4	1.3	–	–	–	–	–	–
Hospital								
Newborn, Premature	14.8	6.9	–	–	–	–	–	–
Other	874.7	37.2	137.4	7.9	16.4	0.9	41.1	1.9
Special Calls and Emergency	383.4	8.6	7.3	0.6	0.8	0.1	6.9	0.1
Psychotherapy								
Base Time[1]	86.4	0.2	0.1	–	44.5	–	0.1	–
Additional Time	78.7	0.2	0.1	–	24.3	–	0.1	–
Major Surgery	11.2	0.1	0.3	–	–	–	14.7	3.1
Minor Surgery	101.1	1.0	0.1	–	–	2.4	7.1	–
Surgical Assistance								
Base Time[1]	18.1	–	–	–	–	–	1.2	0.1
Additional Time	25.2	–	–	–	–	–	1.8	1.6
Obstetrics	13.6	–	–	–	–	–	0.1	–
Anaesthesia								
Base Time[1]	33.4	–	–	–	–	–	0.1	–
Additional Time	37.8	–	–	–	–	–	–	–
Diagnostic Radiology	–	–	–	–	–	–	–	–
Pathology/Laboratory Services	1,125.0	9.8	18.6	–	–	0.9	17.8	–
Laboratory Tracings	25.3	–	1.9	–	–	–	0.8	–
Diagnostic Ultrasound	0.1	–	–	–	–	–	–	–
Other Diagnostic and Therapeutic Services	300.1	47.6	128.5	7.7	3.9	6.6	11.9	1.8
Special Diagnostic and Therapeutic Services	131.3	–	0.4	–	–	–	0.7	–
Miscellaneous Services	9.4	0.6	0.7	–	0.1	–	0.2	–
Total Services	**6,973.8**	**212.6**	**406.2**	**33.6**	**106.7**	**20.1**	**200.3**	**12.8**

[1] Represents the number of instances these types of services were provided during the year.

Note: Services are grouped using a common national grouping.

Table 13 (Continued)

Orthopaedic Surgeons	Plastic and Reconstructive Surgeons	Neurological Surgeons	Urological Surgeons	Obstetricians and Gynaecologists	Ophthalmologists	Otolaryngologists	Anaesthetists	Pathologists	Diagnostic Radiologists	Total Services
28.9	4.8	3.9	9.6	26.8	17.6	17.3	0.7	–	–	**261.4**
–	–	–	–	–	23.0	–	–	–	–	**37.6**
8.7	1.3	1.1	2.2	18.8	19.9	10.9	–	–	–	**529.6**
13.4	1.8	1.6	4.2	33.2	30.6	12.2	–	–	–	**3,482.8**
–	–	–	–	–	–	–	–	–	–	**38.0**
–	–	–	–	0.2	–	–	–	–	–	**1.9**
–	–	–	–	–	–	–	–	–	–	**21.7**
7.8	0.9	7.6	2.6	6.7	1.0	0.8	16.6	–	–	**1,161.5**
2.1	0.1	0.4	0.1	6.2	0.7	0.4	2.2	–	–	**420.0**
–	–	–	–	0.1	–	–	–	–	–	**131.4**
–	–	–	–	–	–	–	–	–	–	**103.4**
10.3	2.8	1.2	3.1	5.3	3.8	3.4	–	–	–	**59.3**
0.7	2.5	–	0.4	0.7	0.7	4.5	–	–	–	**121.2**
0.2	–	0.1	0.1	0.4	0.2	–	–	–	–	**20.4**
0.5	–	0.4	0.3	0.3	0.2	–	–	–	–	**30.3**
–	–	–	–	6.7	–	–	–	–	–	**20.4**
0.2	–	–	–	–	–	–	36.8	–	–	**70.5**
–	–	–	–	–	–	–	64.6	–	–	**102.4**
–	–	–	–	–	–	–	–	–	174.5	**174.5**
0.5	–	–	7.3	60.2	–	–	–	1,025.9	–	**2,266.0**
0.1	–	–	–	0.4	–	–	–	–	–	**28.5**
–	–	–	–	0.2	0.4	–	–	–	12.1	**12.8**
2.3	0.3	0.1	9.2	10.1	26.1	60.7	2.4	1.1	4.0	**624.4**
–	–	–	–	19.5	–	–	–	–	1.0	**152.9**
–	–	0.2	–	0.1	–	0.1	0.4	–	–	**11.8**
75.7	**14.5**	**16.6**	**39.1**	**195.9**	**124.2**	**110.3**	**123.7**	**1,027.0**	**191.6**	**9,884.7**

Table 14
Patients, Services and Payments for Selected Procedures

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 1981-82 to 1982-83
		Patients	Payments	Services	
Electrocardiograms, Vectorcardiograms and Echocardiograms	205,616	106.69	1,685.86	205.48	7.23
Allergy Investigation and Hyposensitization Injections	200,136	16.00	789.81	200.00	19.00
Submission of Papanicolau Smear	148,582	259.76[f]	895.73[f]	298.61[f]	−1.02
Suturing of Wounds	39,029	30.66	999.72	39.00	2.20
Delivery — Vaginal	15,498	30.54[f]	3,659.92[f]	31.15[f]	−1.42
— Caesarean	2,564	5.14[f]	1,008.69[f]	5.15[f]	13.44
Cysts, Tumors or Granulomata Excision	12,249	9.89	395.81	12.24	−2.39
Removal of Warts, Moles, Scars, Keratoses, Papilloma	11,609	9.63	202.94	11.60	−9.30
Sigmoidoscopy	10,256	8.91	160.60	10.25	3.96
Arthrocentesis — Joint Injections Shoulder, Elbow, Knee	8,290	5.61	117.56	8.28	−6.97
Dilatation and Curettage	7,754	15.09[f]	948.43[f]	15.58[f]	−2.93
Artificial Extra Corporeal Haemodialysis	7,189	0.16	187.63	7.18	−8.30
Cystoscopy	6,916	6.46	341.56	6.91	4.70
Fractures, Open Surgical or Closed Reduction	6,790	5.67	917.13	6.79	−1.31
Electroencephalograms or Echoencephalograms	5,872	5.40	122.43	5.87	10.75
Plantar Wart Excision or Fulguration	5,259	4.27	127.99	5.26	4.57
Tonsillectomy (With or Without Adenoidectomy)	3,843	3.81	307.71	3.84	−3.76
Tubal Ligation	3,423	6.86[f]	1,008.78[f]	6.88[f]	1.33
Psychological Testing	2,739	2.67	49.77	2.74	−4.86
Herniotomy, Inguinal, Femoral or Umbilical — Simple, Strangulated or Recurrent	2,642	2.41	536.55	2.64	−4.00
Gall Bladder or Other Biliary Tract Surgery	2,230	2.17	698.24	2.23	−3.46
Cardiac Catheterization	2,062	1.08	190.15	2.06	5.10
Cataract Extraction	1,712	1.59	609.59	1.71	11.04
Hysterectomy — Abdominal	1,182	2.37[f]	625.09[f]	2.38[f]	4.85
— Vaginal	448	0.90[f]	272.08[f]	0.90[f]	4.65
Vasectomy	1,602	3.17[m]	363.61[m]	3.18[m]	22.31
Therapeutic Abortion	1,565	3.11[f]	247.15[f]	3.15[f]	−1.25
Prostatectomy (With or Without Vasectomy)	1,518	2.99[m]	1,121.87[m]	3.02[m]	6.71
Appendectomy	1,474	1.47	296.22	1.47	−8.70
Electroconvulsive Therapy	1,294	0.21	25.69	1.29	−14.57
Genital Prolapse Repair	1,186	2.25[f]	532.40[f]	2.38[f]	5.31
Septoplasty or Submucous Resection	1,027	1.02	220.04	1.03	−2.83
Arthroplasty — Total Hip Replacement	585	0.47	290.59	0.58	16.00
— Total Knee Replacement	124	0.11	53.54	0.12	9.09
Varicose Veins (Ligation)	518	0.41	84.75	0.52	−16.13
Peptic Ulcer Surgery	450	0.43	177.54	0.45	18.42
Strabismus Operation	410	0.38	81.69	0.41	−8.89
Spinal Disc Excision	372	0.36	176.83	0.37	12.12
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy	366	0.73[f]	120.02[f]	0.74[f]	−7.50

[f] Rate per 1,000 female beneficiaries.

[m] Rate per 1,000 male beneficiaries.

Table 15
Patients, Services and Payments for Selected Conditions

Conditions	I.C.D.[1]	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination — No Specific Diagnosis	V70	513	171.6	5,545	513
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	439	217.6	5,669	438
Hypertension	401 - 405	299	66.5	3,562	299
Refractive Errors	367	232	216.9	5,589	232
Bronchitis	466, 490 & 491	232	105.3	2,833	232
Ischaemic Heart Disease	410 - 414	203	26.5	3,134	203
Diseases of the Urinary Tract	580 - 599	202	57.3	2,681	202
Diabetes Mellitus	250	202	18.5	1,853	202
Neuroses	300	194	57.7	2,779	193
Otitis Media	381 & 382	180	70.0	2,491	180
Arthritis	710 - 716	164	49.9	2,366	164
Rheumatic Disease	725 - 729	116	64.7	1,894	116
Cerebrovascular Disease	430 - 438	113	8.5	921	113
Symptomatic Heart Disease	428 & 429	111	17.4	1,108	111
Diarrheal Disease	009	110	39.5	1,406	110
Pneumonia	480 - 486	105	20.6	1,146	105
Disorders of Menstruation	Z08* & 626	104	73.4[f]	1,775[f]	208[f]
Abdominal Swelling (Abdominal Pain)	Z07*	102	38.6	1,534	102
Influenza	487	95	52.1	1,161	95
Eczema	690 - 692	92	54.7	1,206	92
Symptoms — Respiratory System	786	81	34.4	1,213	81
Asthma	493	81	18.1	1,093	81
Hay Fever	477	77	18.1	909	77
Anaemias	280 - 285	74	15.8	689	74
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	72	56.1[f]	1,567[f]	145[f]
Obesity	278	56	21.0	668	56
Vertebrogenic Pain Syndrome	724	51	25.1	746	51
Gastritis and Duodenitis	535	42	20.3	543	42
Chronic Sinusitis	473	42	23.5	527	41
Cellulitis and Abscess	681 & 682	36	18.7	468	36
Symptoms — Cardiovascular and Lymphatic System	289, 683 & 785	33	15.9	543	33
Alcoholic Psychosis and Alcoholism	291 & 303	29	4.9	362	29
Symptoms — Genitourinary System	788	28	10.2	432	28
Menopausal Symptoms	627	27	20.6[f]	692[f]	54[f]
Nervousness and Debility	799	21	4.4	262	21
Disorders of Functions of Stomach	536	20	11.4	259	20
Ulcer of Duodenum	532	19	6.7	324	19
Cholecystitis and Cholangitis Without Mention of Calculus	575 & 576	18	5.0	491	18
Myxedema	244	18	6.4	218	18
Varicose Veins of Lower Extremity	454	16	4.3	277	16
Epilepsy	345	16	3.6	205	16
Hypertrophy of Tonsils and Adenoids	474	14	6.2	512	14

[1] Ninth Revision International Classification of Diseases, 1977.

Note: M.C.I.C. records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

* M.C.I.C. internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

[f] Rate per 1,000 female beneficiaries.

Table 16
Turnover of Physicians

	Family Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1978-79[1]	616		345		961	
		12.8		5.8		10.3
Still Practising in 1979-80[2]	537		325		862	
Practising in 1979-80[1]	624		347		971	
		10.3		6.6		9.0
Still Practising in 1980-81[2]	560		324		884	
Practising in 1980-81[1]	645		352		997	
		11.0		6.8		9.5
Still Practising in 1981-82[2]	574		328		902	
Practising in 1981-82[1]	682		357		1,039	
		7.8		4.2		6.5
Still Practising in 1982-83[2]	629		342		971	
Practising in 1982-83[1]	707		368		1,075	

1 Physicians receiving $5,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

2 Physicians receiving $5,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Note: The net number of physicians who entered practice in 1982-83 was 104, the difference between "Practising" (1,075) and "Still Practising" (971).

Table 17
Practitioners in Relation to Population and Practice Size

Type of Practitioner[1]	Number of Practitioners		Population Per Practitioner (000's)		Average Number of Patients Per Practitioner[2] (000's)		Average Patient Contacts Per Practitioner[3] (000's)		Per Cent of Beneficiaries Treated	
	1981-82	1982-83	1981-82	1982-83	1981-82	1982-83	1981-82	1982-83	1981-82	1982-83
Family Practitioners[4]	**671**	**697**	**1.5**	**1.4**	**2.0**	**2.1**	**7.0**	**6.9**	**78.9**	**80.2**
Specialists[4]										
Paediatricians and Medical Geneticists	33	35	30.0	28.6	1.5	1.4	4.4	4.1	4.4	4.3
Internists and Physiatrists	59	62	16.8	16.1	1.5	1.6	4.2	4.2	7.6	7.7
Neurologists	8	9	123.8	111.2	1.7	1.7	2.7	2.8	1.3	1.4
Psychiatrists	19	22	52.1	45.5	0.6	0.5	3.8	3.5	1.0	1.0
Dermatologists	3	4	330.2	250.2	1.5	1.4	4.3	3.8	0.5	0.5
Anaesthetists	33	37	30.0	27.0	1.1	1.0	1.5	1.5	3.4	3.4
General Surgeons	58	57	17.1	17.6	1.0	1.1	2.6	2.8	5.6	5.8
Thoracic Surgeons	7	8	141.5	125.1	0.6	0.6	1.3	1.1	0.4	0.4
Orthopaedic Surgeons	23	24	43.1	41.7	1.4	1.5	2.8	3.0	3.2	3.4
Plastic and Reconstructive Surgeons	6	6	165.1	166.8	1.2	1.3	2.3	2.3	0.7	0.7
Neurological Surgeons	6	6	165.1	166.8	0.7	0.7	2.4	2.1	0.4	0.5
Obstetricians and Gynaecologists	28	27	35.4	37.1	1.5	1.6	3.6	3.8	3.8	3.9
Urological Surgeons	12	12	82.6	83.4	1.2	1.3	1.9	2.2	1.2	1.3
Ophthalmologists	20	22	49.5	45.5	3.1	2.9	4.7	4.4	6.2	6.2
Otolaryngologists	10	7	99.1	143.0	2.7	3.2	5.4	6.2	2.7	2.6
Pathologists	4	4	247.7	250.2	30.1	32.5	—	—	11.9	12.7
Diagnostic Radiologists	28	26	35.4	38.5	4.3	4.8	—	—	10.1	10.6
All Specialists[4]	**357**	**368**	**2.8**	**2.7**	**2.0**	**2.0**	**3.3**	**3.3**	**38.4**	**37.8**
All Physicians[4]	**1,028**	**1,065**	**1.0**	**0.9**	**2.0**	**2.0**	**5.8**	**5.7**	**82.8**	**83.8**
Registered Physicians[5]	**1,359**	**1,361**	**0.7**	**0.7**	—	—	—	—	—	—
Optometrists[4]	**82**	**81**	**12.1**	**12.4**	**2.0**	**2.1**	**2.0**	**2.1**	**16.4**	**17.1**
Registered Optometrists[5]	**89**	**91**	**11.1**	**11.0**	—	—	—	—	—	—
Chiropractors[4]	**69**	**76**	**14.4**	**13.2**	**1.4**	**1.4**	**7.8**	**7.6**	**8.7**	**9.0**
Registered Chiropractors[5]	**79**	**88**	**12.5**	**11.4**	—	—	—	—	—	—

1 Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

2 The size of practice is the number of different persons on whose behalf a claim was paid during the year.

3 A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

4 Practitioners receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

5 Resident Practitioners:

Resident Saskatchewan Physicians as shown by the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Resident Saskatchewan Optometrists as shown by the Saskatchewan Optometric Association at the end of the year.

Resident Saskatchewan Chiropractors as shown by the Chiropractors' Association of Saskatchewan at the end of the year.

Table 18
Practitioners by Size of Practice

Type of Practitioner[1]	Number of Practitioners[2]	Size of Practice by Range of Patients[3]							
		Less than 500	500-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
Family Practitioners									
Urban:	415	11	39	60	80	93	71	30	31
Association	284	3	16	38	56	72	54	24	21
Solo	131	8	23	22	24	21	17	6	10
Rural:	282	3	18	56	70	63	42	18	12
Association	171	1	4	22	37	47	34	17	9
Solo	111	2	14	34	33	16	8	1	3
All Family Practitioners 1982-83	**697**	**14**	**57**	**116**	**150**	**156**	**113**	**48**	**43**
All Family Practitioners 1981-82	671	6	60	131	151	148	95	46	34
Specialists									
Paediatricians and Medical Geneticists	35	6	8	9	3	6	–	1	2
Internists and Physiatrists	62	11	17	11	5	9	4	–	5
Neurologists	9	2	3	1	–	1	–	–	2
Psychiatrists	22	13	5	3	1	–	–	–	–
Dermatologists	4	–	2	1	–	1	–	–	–
Anaesthetists	37	6	13	12	6	–	–	–	–
General Surgeons	57	8	21	20	2	5	1	–	–
Thoracic Surgeons	8	4	2	2	–	–	–	–	–
Orthopaedic Surgeons	24	2	4	7	5	5	–	1	–
Plastic and Reconstructive Surgeons	6	–	1	4	1	–	–	–	–
Neurological Surgeons	6	3	2	1	–	–	–	–	–
Obstetricians and Gynaecologists	27	–	5	7	8	5	1	1	–
Urological Surgeons	12	2	1	5	3	1	–	–	–
Ophthalmologists	22	–	1	2	5	1	2	1	10
Otolaryngologists	7	–	–	1	1	1	1	1	2
Pathologists	4	–	–	–	–	–	–	–	4
Diagnostic Radiologists	26	–	1	1	–	1	–	3	20
All Specialists 1982-83	**368**	**57**	**86**	**87**	**40**	**36**	**9**	**8**	**45**
All Specialists 1981-82	357	46	85	84	51	27	13	9	42
All Physicians 1982-83	**1,065**	**71**	**143**	**203**	**190**	**192**	**122**	**56**	**88**
All Physicians 1981-82	1,028	52	145	215	202	175	108	55	76
Optometrists 1982-83	**81**	**–**	**5**	**17**	**27**	**12**	**11**	**3**	**6**
Optometrists 1981-82	82	–	6	19	27	15	7	4	4
Chiropractors 1982-83	**76**	**3**	**23**	**23**	**17**	**4**	**3**	**2**	**1**
Chiropractors 1981-82	69	2	19	21	17	5	3	–	2

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Table 19
Practitioners by Range of Patient Contacts

Type of Practitioner[1]	Number of Practitioners[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
Family Practitioners								
Urban:	415	40	75	102	91	52	37	18
Association	284	18	59	71	69	33	26	8
Solo	131	22	16	31	22	19	11	10
Rural:	282	7	31	44	69	54	40	37
Association	171	2	19	26	44	40	23	17
Solo	111	5	12	18	25	14	17	20
All Family Practitioners 1982-83	**697**	**47**	**106**	**146**	**160**	**106**	**77**	**55**
All Family Practitioners 1981-82	671	37	115	127	155	109	66	62
Specialists								
Paediatricians and Medical Geneticists	35	8	14	5	4	3	–	1
Internists and Physiatrists	62	14	23	10	10	4	–	1
Neurologists	9	5	2	–	2	–	–	–
Psychiatrists	22	9	4	5	2	2	–	–
Dermatologists	4	1	1	2	–	–	–	–
Anaesthetists	37	30	5	2	–	–	–	–
General Surgeons	57	27	19	8	2	–	–	1
Thoracic Surgeons	8	6	2	–	–	–	–	–
Orthopaedic Surgeons	24	5	15	3	1	–	–	–
Plastic and Reconstructive Surgeons	6	3	3	–	–	–	–	–
Neurological Surgeons	6	2	4	–	–	–	–	–
Obstetricians and Gynaecologists	27	5	9	11	2	–	–	–
Urological Surgeons	12	7	5	–	–	–	–	–
Ophthalmologists	22	3	7	7	3	2	–	–
Otolaryngologists	7	–	1	3	2	–	1	–
All Specialists 1982-83	**338**	**125**	**114**	**56**	**28**	**11**	**1**	**3**
All Specialists 1981-82	325	117	116	52	24	12	1	3
All Physicians 1982-83	**1,035**	**172**	**220**	**202**	**188**	**117**	**78**	**58**
All Physicians 1981-82	996	154	231	179	179	121	67	65
Optometrists 1982-83	**81**	**48**	**30**	**1**	**2**	**–**	**–**	**–**
Optometrists 1981-82	82	52	27	1	2	–	–	–
Chiropractors 1982-83	**76**	**1**	**8**	**19**	**18**	**11**	**9**	**10**
Chiropractors 1981-82	69	–	9	12	19	10	12	7

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

Table 20
Practitioners by Place of Graduation[1]

Type of Practitioner[2]	Number of Practitioners[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
Family Practitioners									
Urban:	415	144	52	11	133	11	55	9	–
Association	284	120	36	7	84	4	29	4	–
Solo	131	24	16	4	49	7	26	5	–
Rural:	282	62	41	2	102	5	54	15	1
Association	171	58	32	–	43	–	29	9	–
Solo	111	4	9	2	59	5	25	6	1
All Family Practitioners 1982-83	**697**	**206**	**93**	**13**	**235**	**16**	**109**	**24**	**1**
All Family Practitioners 1981-82	671	188	97	11	233	14	101	24	3
Specialists									
Paediatricians and Medical Geneticists	35	5	10	2	7	–	10	1	–
Internists and Physiatrists	62	14	23	3	8	1	9	4	–
Neurologists	9	1	1	1	2	–	4	–	–
Psychiatrists	22	4	9	–	3	1	5	–	–
Dermatologists	4	–	3	–	1	–	–	–	–
Anaesthetists	37	13	5	–	12	2	4	–	1
General Surgeons	57	7	22	1	11	1	14	1	–
Thoracic Surgeons	8	2	1	2	1	–	2	–	–
Orthopaedic Surgeons	24	6	6	1	8	1	2	–	–
Plastic and Reconstructive Surgeons	6	1	2	–	1	1	1	–	–
Neurological Surgeons	6	1	1	–	1	–	2	1	–
Obstetricians and Gynaecologists	27	5	5	1	8	2	3	3	–
Urological Surgeons	12	2	9	–	–	–	1	–	–
Ophthalmologists	22	5	8	1	6	1	1	–	–
Otolaryngologists	7	4	1	–	1	–	1	–	–
Pathologists	4	–	1	–	2	–	1	–	–
Diagnostic Radiologists	26	7	7	–	4	2	5	1	–
All Specialists 1982-83	**368**	**77**	**114**	**12**	**76**	**12**	**65**	**11**	**1**
All Specialists 1981-82	357	72	115	12	75	12	62	9	–
All Physicians 1982-83	**1,065**	**283**	**207**	**25**	**311**	**28**	**174**	**35**	**2**
All Physicians 1981-82	1,028	260	212	23	308	26	163	33	3
Optometrists 1982-83	**81**	**–**	**78**	**3**	**–**	**–**	**–**	**–**	**–**
Optometrists 1981-82	82	–	79	3	–	–	–	–	–
Chiropractors 1982-83	**76**	**–**	**70**	**6**	**–**	**–**	**–**	**–**	**–**
Chiropractors 1981-82	69	–	64	5	–	–	–	–	–

[1] The place of graduation is the location at which the first medical, optometric, or chiropractic degree was obtained.

[2] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Practitioners receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Table 21
Practitioners by Age Group

Type of Practitioner[1]	Number of Practitioners[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
Family Practitioners						
Urban:	415	127	113	85	71	19
Association	284	108	76	49	43	8
Solo	131	19	37	36	28	11
Rural:	282	68	81	84	41	8
Association	171	51	49	46	22	3
Solo	111	17	32	38	19	5
All Family Practitioners 1982-83	**697**	**195**	**194**	**169**	**112**	**27**
All Family Practitioners 1981-82	671	191	188	163	100	29
Specialists						
Paediatricians and Medical Geneticists	35	6	11	9	3	6
Internists and Physiatrists	62	8	29	15	7	3
Neurologists	9	1	2	5	1	–
Psychiatrists	22	4	6	8	4	–
Dermatologists	4	1	–	1	2	–
Anaesthetists	37	7	10	10	6	4
General Surgeons	57	–	13	25	14	5
Thoracic Surgeons	8	2	2	3	1	–
Orthopaedic Surgeons	24	5	7	5	5	2
Plastic and Reconstructive Surgeons	6	–	2	3	1	–
Neurological Surgeons	6	–	1	2	3	–
Obstetricians and Gynaecologists	27	4	6	8	9	–
Urological Surgeons	12	2	5	2	2	1
Ophthalmologists	22	2	7	5	4	4
Otolaryngologists	7	–	4	2	1	–
Pathologists	4	–	1	1	2	–
Diagnostic Radiologists	26	6	7	6	6	1
All Specialists 1982-83	**368**	**48**	**113**	**110**	**71**	**26**
All Specialists 1981-82	357	32	114	118	68	25
All Physicians 1982-83	**1,065**	**243**	**307**	**279**	**183**	**53**
All Physicians 1981-82	1,028	223	302	281	168	54
Optometrists 1982-83	**81**	**23**	**20**	**16**	**21**	**1**
Optometrists 1981-82	82	24	19	16	23	–
Chiropractors 1982-83	**76**	**30**	**17**	**15**	**12**	**2**
Chiropractors 1981-82	69	31	12	16	8	2

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Table 22
Average Payment[1] (000's) Per Resident Practitioner[2] by Specialty and Range of Paid Amount

	All Physicians		Type of Practitioner[3]					
			Family Practitioners					
			Urban Association		Rural Association		Urban Solo	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	123.3	1,065	103.9	284	122.2	171	111.0	131
Highest Paid	2,149.7		255.3		266.8		347.8	
Less than $ 20,000	6.5	108	8.3	27	9.5	6	6.1	28
$ 20,000 - $ 39,999	31.4	84	32.0	23	33.5	6	31.3	19
$ 40,000 - $ 59,999	50.8	118	52.3	38	51.8	16	46.7	10
$ 60,000 - $ 79,999	70.8	112	71.2	36	72.5	10	71.2	18
$ 80,000 - $ 99,999	90.5	117	90.7	43	89.3	20	88.6	10
$100,000 - $119,999	110.2	159	110.7	44	110.3	35	110.3	20
$120,000 - $139,999	129.4	132	128.6	41	131.4	27	131.1	18
$140,000 - $159,999	150.1	115	149.6	24	148.4	25	152.0	10
$160,000 - $179,999	169.2	70	166.8	12	167.0	11	169.5	13
$180,000 - $199,999	190.1	47	189.5	17	191.3	11	186.0	2
Over $200,000	283.9	111	225.2	6	230.0	10	240.5	11
Total	**112.5**	**1,173**	**95.6**	**311**	**118.4**	**177**	**92.5**	**159**

	Neurologists		Psychiatrists		Dermatologists		Anaesthetists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	123.4	9	108.7	22	82.3	4	105.4	37
Highest Paid	355.5		311.8		104.8		174.9	
Less than $ 20,000	7.2	2	6.5	7	—	—	0.6	1
$ 20,000 - $ 39,999	31.2	3	29.3	6	—	—	32.0	1
$ 40,000 - $ 59,999	51.7	1	50.0	3	49.0	1	49.4	6
$ 60,000 - $ 79,999	61.3	1	73.1	3	74.9	1	71.9	4
$ 80,000 - $ 99,999	—	—	97.7	1	—	—	88.3	2
$100,000 - $119,999	107.3	1	112.5	1	102.6	2	112.4	8
$120,000 - $139,999	123.7	1	—	—	—	—	125.9	9
$140,000 - $159,999	—	—	151.5	1	—	—	146.8	5
$160,000 - $179,999	—	—	173.1	3	—	—	169.9	2
$180,000 - $199,999	—	—	185.2	1	—	—	—	—
Over $200,000	336.4	2	260.1	3	—	—	—	—
Total	**102.3**	**11**	**84.0**	**29**	**82.3**	**4**	**102.6**	**38**

	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists		Otolaryngologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	170.2	27	137.4	12	136.0	22	236.4	7
Highest Paid	354.6		209.2		259.8		444.6	
Less than $ 20,000	3.3	1	<0.1	1	2.7	2	<0.1	1
$ 20,000 - $ 39,999	—	—	—	—	36.6	2	—	—
$ 40,000 - $ 59,999	53.5	3	53.4	2	43.4	1	—	—
$ 60,000 - $ 79,999	61.4	1	—	—	65.8	2	—	—
$ 80,000 - $ 99,999	91.1	2	99.6	1	95.4	2	—	—
$100,000 - $119,999	108.3	2	—	—	116.6	2	102.7	1
$120,000 - $139,999	—	—	130.4	3	131.5	2	130.4	1
$140,000 - $159,999	149.4	5	142.5	2	151.5	5	—	—
$160,000 - $179,999	163.1	2	163.7	1	177.1	1	—	—
$180,000 - $199,999	192.4	3	192.1	1	193.2	1	—	—
Over $200,000	258.2	9	205.4	2	232.1	4	284.4	5
Total	**164.2**	**28**	**126.9**	**13**	**124.9**	**24**	**206.9**	**8**

1 Represents gross payments by the Commission from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The Commission payments should not be taken to represent total professional income since the practitioners may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by M.C.I.C.

2 Includes Physicians, Chiropractors, and Optometrists resident in Saskatchewan at the end of the year.

3 Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

4 Practitioners receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Table 22 (Continued)

| Type of Practitioner[3] | | |

Table 23
Average Payment Per Practitioner by Specialty, 1977-78 to 1982-83

Type of Practitioner[1]	Average Payment[2] (000's) 1977-78	1978-79	1979-80	1980-81	1981-82	1982-83	Average Annual Per Cent Change 1977-78 to 1982-83
Family Practitioners							
Urban:	59.8	61.0	70.6	77.5	88.9	106.1	12.15
Association	60.0	59.4	69.0	73.8	85.7	103.9	11.61
Solo	59.4	64.9	74.9	87.8	96.3	111.0	13.32
Rural:	63.2	66.8	75.5	87.6	98.6	121.6	13.98
Association	63.9	67.8	76.0	88.9	100.3	122.2	13.85
Solo	61.8	64.6	74.4	85.1	95.6	120.6	14.31
All Family Practitioners	**61.5**	**63.7**	**72.8**	**82.0**	**93.1**	**112.4**	**12.82**
Specialists							
Paediatricians and Medical Geneticists	74.9	77.1	81.0	88.9	97.7	104.1	6.81
Internists and Physiatrists	70.6	74.0	80.2	92.2	112.6	128.3	12.69
Neurologists	87.0	62.5	67.0	76.7	103.3	123.4	7.24
Psychiatrists	64.8	71.6	76.0	82.3	99.5	108.7	10.90
Dermatologists	63.5	71.7	68.1	72.2	84.9	82.3	5.32
Anaesthetists	64.5	66.3	74.9	78.2	93.6	105.4	10.32
General Surgeons	63.4	61.6	73.4	85.2	98.2	117.0	13.04
Thoracic Surgeons	108.1	96.3	114.3	123.1	132.2	149.3	6.67
Orthopaedic Surgeons	94.4	100.2	107.1	117.4	128.9	154.9	10.41
Plastic and Reconstructive Surgeons	89.3	87.7	85.9	112.9	127.1	148.4	10.69
Neurological Surgeons	70.7	76.5	79.1	81.3	92.5	97.9	6.73
Obstetricians and Gynaecologists	86.8	88.8	97.7	118.5	139.7	170.2	14.42
Urological Surgeons	78.9	74.6	85.4	96.5	105.9	137.4	11.73
Ophthalmologists	83.0	85.4	94.7	116.9	128.6	136.0	10.38
Otolaryngologists	128.2	125.8	160.6	178.8	205.6	236.4	13.02
Pathologists	332.5	424.9	492.0	598.6	743.8	1,112.3	27.32
Diagnostic Radiologists	114.0	113.4	103.9	122.2	151.0	202.0	12.12
All Specialists	**81.8**	**83.6**	**91.4**	**104.9**	**122.8**	**144.0**	**11.98**
All Physicians	**68.7**	**71.0**	**79.6**	**90.2**	**103.4**	**123.3**	**12.41**
Optometrists	**33.9**	**35.5**	**38.7**	**42.6**	**45.6**	**53.3**	**9.47**
Chiropractors	**44.5**	**45.5**	**53.6**	**58.6**	**65.3**	**70.6**	**9.67**

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians, in 1977-78 to 1980-81, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan outside the Swift Current Health Region at the end of the year.

Chiropractors, Optometrists, and effective April 1, 1981 Physicians, receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Represents gross payments by the Commission from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The Commission payment should not be taken to represent total professional income since practitioners may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by M.C.I.C.

Table 24
Physician Payments by Specialty Group

	Family Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina[3]	152	105.9	40	180.2	58	158.5	31	215.9
Saskatoon[3]	149	94.9	75	84.2	73	134.6	34	187.1
Moose Jaw	25	117.3	4	142.3	10	124.1	1	*
Prince Albert	36	113.5	7	97.5	9	114.1	1	*
Yorkton	16	130.2	2	*	4	167.5	–	–
Swift Current	13	163.0	1	*	6	137.4	–	–
North Battleford	21	113.6	2	*	5	132.1	–	–
All Other Locations	285	120.9	1	*	4	126.9	–	–
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year								
⩾ $20,000	623	115.9	126	116.8	165	141.0	63	207.7
⩾ $30,000	611	117.7	118	123.0	163	142.5	63	207.7
2. Resident Full Year								
⩾ $20,000	657	115.9	125	121.0	163	145.1	64	199.7
⩾ $30,000	646	117.4	117	127.6	162	145.9	64	199.7
3. Resident and Active in Two Consecutive Years								
⩾ $20,000	627	118.5	119	125.7	162	145.3	62	215.3
⩾ $30,000	619	119.8	116	128.4	161	146.0	62	215.3
4. Resident During Any Portion of the Year								
⩾ $20,000	723	110.0	133	116.2	173	141.8	71	194.9
⩾ $30,000	699	112.9	122	124.4	171	143.2	71	194.9
5. Person-Year Equivalents[4]								
⩾ $20,000	700.0	113.6	130.1	118.8	169.9	144.4	68.0	203.5
⩾ $30,000	682.1	115.7	120.9	125.5	168.4	145.4	68.0	203.5
6. Resident at Year End With Payments ⩾$5,000 in Each Quarter of the Year	625	120.1	115	129.0	160	147.3	61	218.3
7. Resident at Year End and Not in Teaching Institutions	664	114.5	80	155.3	141	153.2	51	239.1
C. By Place of Graduation:[2]								
Saskatchewan	206	106.9	24	107.8	33	152.3	20	124.3
Canada, Other Than Saskatchewan	93	99.3	46	85.6	55	137.6	13	293.3
United Kingdom and Eire	235	121.7	21	110.9	37	130.8	18	180.8
Asia	109	113.0	28	169.4	27	145.7	10	323.6
Other Areas	54	113.5	13	141.1	17	152.4	6	135.3
D. By Age Group:[2]								
Under 35	195	100.1	20	52.5	15	142.3	13	116.4
35 - 44	194	120.5	48	133.4	47	143.7	18	198.4
45 - 54	169	125.9	38	141.1	55	152.3	17	213.1
55 - 64	112	108.3	17	115.8	40	145.3	14	315.2
65+	27	74.6	9	72.0	12	72.6	5	96.3

[1] Physicians are grouped as follows:
- Medical Specialists include Paediatricians, Internists, Neurologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians receiving $20,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Person-year equivalents are prorated on the number of months in practice.

* Not shown, to preserve confidentiality.

POOR

QUALITY

ORIGINAL